

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Anthem, Inc. Political Action Committee (Anthem PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Esquivel, Martin, , ,**

Mailing Address 27823 Coldsprings Pl

City  
Valencia

State  
CA

Zip Code  
91354-1463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.

Occupation (for Individual)  
Vp Medicare Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2019

**Transaction ID : 090619-1212**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Esquivel, Martin, , ,**

Mailing Address 27823 Coldsprings Pl

City  
Valencia

State  
CA

Zip Code  
91354-1463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.

Occupation (for Individual)  
Vp Medicare Product Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : 092019-1262**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Evers, Cheryl, , ,**

Mailing Address 5555 Boomer Rd

City  
Cincinnati

State  
OH

Zip Code  
45247-7922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Anthem Companies, Inc.

Occupation (for Individual)  
Dir Contracts Admin Unit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2019

**Transaction ID : 090619-53**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00