

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

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

FOR LINE NUMBER: PAGE 344 OF 485

(check only one)

☒ 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. Poulakos, Gregory, , ,**

Mailing Address 5795 Garber Dr

City  
Atlanta

State  
GA

Zip Code  
30328-5101

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Vp Life & Disability

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

**Transaction ID : 092019-1483**

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

**B. Poulin, Michael, , ,**

Mailing Address 3509 Cedar Grove Cir

City

Virginia Beach

State

VA

Zip Code

23452-6030

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Strategic Sourcing Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : 090619-1092**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Powell, Karen, , ,**

Mailing Address 807 Regents Park Rd

City

Sellersburg

State

IN

Zip Code

47172-1060

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Clinical Qual/Compli Admin SR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

**Transaction ID : 090619-146**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

875.00