

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Independence Blue Cross LLC PAC

ADDRESS (number and street)

1901 Market Street

Check if different
than previously
reported. (ACC)

Philadelphia

PA

19103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450056

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2026

through

M M M / D D D / Y Y Y Y Y Y
06 30 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Cage, Richard, , ,

Signature of Treasurer

Cage, Richard, , ,

Date

M M M / D D D / Y Y Y Y Y Y
09 17 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Independence Blue Cross LLC PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		80169.72
(b) Cash on Hand at Beginning of Reporting Period.....	82487.57	
(c) Total Receipts (from Line 19)	12816.83	128342.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	95304.40	208512.55
7. Total Disbursements (from Line 31)	12141.83	125349.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	83162.57	83162.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Independence Blue Cross LLC PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10060.00	97864.70
(ii) Unitemized	2365.00	30086.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12425.00	127951.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12425.00	127951.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	391.83	391.83
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12816.83	128342.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12816.83	128342.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	391.83	1149.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	391.83	1149.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	29250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9250.00	94950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12141.83	125349.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12141.83	125349.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12425.00	127951.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12425.00	127951.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	391.83	1149.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	391.83	391.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	758.15

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

Added missing 6/12 IBX transfer reimbursement for \$391.83 Worldpay processing fee.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 43

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Abraham, Jacob, , ,

Mailing Address 53 Sagewood Dr

City
MalvernState
PAZip Code
19355-2234FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Exec Dir Digital&Emerging Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AD7A51E6D84E740E88BD

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Akunuru, Sushma, , ,

Mailing Address 14 Galway Rd

City
SkillmanState
NJZip Code
08558-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AF0216EC1A0364AB192E

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

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

C. Albanese, Kathleen, , ,

Mailing Address 2512 S 20th St

City
PhiladelphiaState
PAZip Code
19145-4205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Corporate Relations Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A759CE98436A142FCAE0

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Ang, Peishan, , ,

Mailing Address 4 Hawk Dr

City
Princeton JunctionState
NJZip Code
08550-1404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Strategy & Corp Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AC67F70297DDF4EE49FF

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Bailey, Julie, M., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Med Cost Initiatives

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AD2037480A26C4DA1841

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Barbato, Geralyn, M., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Exec Dir Claims&Provider Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A951D97D1378E4D0A93B

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Bogorad, Julie, M., ,

Mailing Address 56 Tee AR PI

City
PrincetonState
NJZip Code
08540-3946FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AC951C299725C4092A56**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Brovero, Donald, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Specialty Svcs Sr Product Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ABC2DA633FB524F7B83D**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Brown, Daniel, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue CrossOccupation (for Individual)
VP Prov Reim Analysis & Adm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A0B2F4936121140C0960**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

274.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Cage, Richard, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Treasury Svcs & Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A790A25ADAEA140B58F6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

B. Cahow, Eric, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Gov't Markets Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AF86F2CD3DC3D485491C

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

C. Campellone, Christopher, , ,

Mailing Address 811 Dolington Rd

City
NewtownState
PAZip Code
18940-2729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Bus Devlp&ValueRealiztn-AH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A20731BA147D947C5BF2

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

304.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Capaldi, Chris, J., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Exec Dir Oper Sol & Broker Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AFD938E1AD7CB42DB838**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Chawla, Charaninder, S., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP & Chief Analytics Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ADBD51CA83A9C4F7B9FE**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

C. Chisholm, Christopher, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Lead Desktop Support Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A0F9E309B763B449FA78**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

274.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Chojnacki, Katherine, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Health Markets Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A971141778437485A945

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Cruz, Kortney, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP Government Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AF36AF71D02C14F52B10

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

C. Daly, Brian, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Marketing Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A8893107E2D7C4DD18FD

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

351.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Deery, Christopher, E, ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Crp Financial Investigatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A5C71B58D928E4916902**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

B. Devers Arbacheski, Alison, , ,

Mailing Address 118 S Cedar Hollow Rd

City
PaoliState
PAZip Code
19301-1828FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
CCT Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AA373C430F09D4DA99A0**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Dianno, Mark, J., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP DGC & Asst Corp Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

713.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AFA7B03B421D24DB38FC**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

284.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Donley, Kenyatta, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AF254473F8BF6485B9AA

Amount of Each Receipt this Period

52.00

☐ Memo Item

Payroll Deduction: \$26.00/Bi-Weekly

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

B. Donohue, Kathleen, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A7B822824D40442F2851

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Donovan, Matthew, Francis, ,

Mailing Address 2139 Locust St

City
PhiladelphiaState
PAZip Code
19103-4821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Strategy Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AE2E88B290DC1478DA46

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

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

192.00

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

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

FOR LINE NUMBER: PAGE 15 OF 43
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Falck, Heather, Amber, ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Executive Dir IBC Foundation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A9A616CFC27784F12BD9

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

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

B. Farrell, Donna, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
SVP Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

06 / 27 / 2026

Transaction ID : A9A8B4EB353B9459BB6B

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

C. Fera, Stephen, P., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
EVP Public Affs& Pres Govt Mkt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 27 / 2026

Transaction ID : A30F66DF97FD441AD815

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

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

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

695.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Fick, Seth, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Financ Rptng & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AED8FAFE030F442BAB58**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Gallagher, Jennifer, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP DGC - Litigation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AB99211B6A3D748F89BC**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

C. Gegwich, Grant, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A20988D2E47FC4053A1C**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Geist, Joseph, , ,

Mailing Address 884 Par Cir

City
HarleysvilleState
PAZip Code
19438-2189FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP & Market President Natl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A3286C7F642EB42BD9F0**

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

B. Gillespie, Arlene, , ,

Mailing Address 292 Walchaerts Ct

City
Newtown SquareState
PAZip Code
19073-2124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Community Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A00F7ACC9453C4D95967**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Greenwood, Andre, , ,

Mailing Address 5387 Windsor Green Ct SE

City
MabletonState
GAZip Code
30126-5941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Provider Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A375210CF43FA41D0B73**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

401.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Gupta, Kernika, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP, Office of the CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AA912A1B2A0D149ABBF1**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Hall, Ryan, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Director Utilization Review

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ADEB3B31539CF400D8A3**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Hammer, Lejan, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Manger, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A3C82C1DD5EAD44D5B9C**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

190.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Hebert, Michael, , ,

Mailing Address 1527 Elk Run Rd

City
DowningtownState
PAZip Code
19335-5703FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Provider Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ABBB5630425014487AF1**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

B. Hofmann III, Dr. William, , ,

Mailing Address 936 Dick Ave

City
WarminsterState
PAZip Code
18974-2425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A7CA6C728BDD14BA2941**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Horton, Damita, S., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Operations Capability

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A836F010DE2A74B4FB7A**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

284.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 43
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Hudson, Michael, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Sales-Consumer Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A190277FC52D6475C96B**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Jolly, Regina, , ,

Mailing Address 857 N 25th St

City
PhiladelphiaState
PAZip Code
19130-1833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
PAC Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AE5896E89D7EE4E46B4B**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Jorgensen, Alexandra, , ,

Mailing Address 81 Landmark Cir

City
PhoenixvilleState
PAZip Code
19460-1550FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP CHRO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1495.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A4FC84D5457A84DE987B**

Amount of Each Receipt this Period

230.00

☐ Memo Item

Payroll Deduction: \$115.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Kalina, John, C., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A50238769A9E04329AF8**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

B. Kockler, Kimberly, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ACD0A5A8273294605A19**

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

C. Kumar, Reetika, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVPChfCusProdClinSoln&PharSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A8D9AC8187BAF49D3AE5**

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

616.00

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

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

FOR LINE NUMBER: PAGE 22 OF 43
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Lai, Terry, , ,

Mailing Address 1015 Federal St

City
Philadelphia

State
PA

Zip Code
19147-5047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Director, Corp & IT Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 27 / 2026

Transaction ID : AD5613521D5104836A44

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Lauer, Theresa, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
VP Sales & Mktg-Medicare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A0421E1DD13F54D8A97C

Amount of Each Receipt this Period

160.00

☐ Memo Item

Payroll Deduction: \$80.00/Bi-Weekly

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

C. Layton, Keith, A., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Sr Research Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A4761B951D31A49CDA7F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$50.00/Bi-Weekly

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

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

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Lehman, Diana, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Case & Condition Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A0E66D00B265E4199BD5**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

B. Lentz, Michael, E., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Customer Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ADCB09380285F47B8892**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

C. Lopez, Juan, A., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
EVP CFO & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AF1C54482014248C2B4A**

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

564.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Lynch, Janelle, , ,

Mailing Address 1279 S Meadow Ln

City
PalmyraState
PAZip Code
17078-8841FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Govt Affairs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A1589DC5A39E64947946**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Macdougall, Cheryl, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Payment Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ABA3DEB5260874022A3F**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Marth, Robert, C, ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Fac/Ancl Reim Anal & Adm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A79E664D112174F72823**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

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

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

FOR LINE NUMBER: PAGE 25 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Mattera, Joseph, W., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Dir GM Risk Adj & Supp Progrms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A36AEEC083463491996A

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Mayfield, Brett, A., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
SVP & Market President - Local

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

06 / 27 / 2026

Transaction ID : AD55BB1146F7B4B2DB78

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

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

C. McClure, Mike, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Administrators

Occupation (for Individual)
Dir Client and Broker Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : AE334FD0E460544EF9BA

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

312.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. McDade, Courtney, S., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Public Affairs Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AE514609EE1164D8FB77

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

B. McGlone, Gerard, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Sales -N

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : ACA035E93B0CF4FD7944

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. McGoldrick, Francis, , ,

Mailing Address 516 Brights Ln

City
Blue BellState
PAZip Code
19422-1142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP Capital Planning & FP&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A929B4879B40145BABC7

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

371.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Mullen, Timothy, , ,

Mailing Address 10517 Brentford Dr

City
TampaState
FLZip Code
33626-1836FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A340F1934E7F54ED2897

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

B. Munoz, Michael, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Insurance Co. NJOccupation (for Individual)
SVP Pres Diversified Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A1B6A8BC73B6D4FD8930

Amount of Each Receipt this Period

231.00

☐ Memo Item

Payroll Deduction: \$115.50/Bi-Weekly

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

C. Murphy, Michael, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Insurance Co. NJOccupation (for Individual)
VP Sales- AmeriHealth

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AD046D65B56FF4E708EE

Amount of Each Receipt this Period

160.00

☐ Memo Item

Payroll Deduction: \$80.00/Bi-Weekly

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

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

622.00

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

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

FOR LINE NUMBER: PAGE 28 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Paterson, Linda, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
VP Health Value Optm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2026

Transaction ID : A44F5A362DCE24E21AC0

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B. Phan, Martha, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Dir Prov Comms & Shared Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2026

Transaction ID : AD80EC29263A645D5BCB

Amount of Each Receipt this Period

74.00

☐ Memo Item

Payroll Deduction: \$37.00/Bi-Weekly

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

C. Ponden, Nicole, , ,

Mailing Address 904 Cherry Ln

City
Cinnaminson

State
NJ

Zip Code
08077-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Mgr Financial Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2026

Transaction ID : A9C36CF7CAAC54DA9A9F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

244.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Rankin, Kimberly, , ,

Mailing Address 25 N Shippen St

City
LancasterState
PAZip Code
17602-2966FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir ERM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ACC3E0A3158BE4954808**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Rieben, Laura, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir, Privacy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A3DC9D7E565B7459CA7C**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Sanders, Sean, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Risk Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A2A71CBCFC4354833A2D**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

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

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

FOR LINE NUMBER: PAGE 30 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Santos-Galarza, Eileen, E., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Supv Enrollment Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A18A11D0D8D5C4E828C0

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

B. Sherlock, Laura, A., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Provider Network Contract Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : AF0D67CD0195447CEB78

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Sherman, Kevin, , ,

Mailing Address 408 Glendale Rd

City
Collegeville

State
PA

Zip Code
19426-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Mgr App Development Svcs-AHA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : AC955C1B42B7E4AB1B5B

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 31 OF 43
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Smith-McLallen, Aaron, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Ex Dir Data Sci&Hlth Outc Rsch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A360310242A7D49BA899

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

B. Snyder, Richard, L., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
EVP & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 27 / 2026

Transaction ID : A44F17E98B5724DF5897

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

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

C. Squiers, Jill, , ,

Mailing Address 18 Overbrook Ave

City
Maple Shade

State
NJ

Zip Code
08052-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Govt Affairs Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A5CD7211B5987453E998

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

504.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 43
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Taylor, Joseph, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Assoc Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A20E9900F027B48B986F**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

B. Tremblay, Steven, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir Sales- B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AD81B6B0DBF3D462E99E**

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction: \$35.00/Bi-Weekly

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

C. Varghese, John, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP, Business Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A1D06E53652E849ED8D5**

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

264.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Vennera, Michael, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
EVP Tech, Ops&Healthcare Val

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : A20DF5B646DC74C458B1**

Amount of Each Receipt this Period

384.60

☐ Memo Item

Payroll Deduction: \$192.30/Bi-Weekly

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

B. Vidovich, Mitch, Lee, ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Govt & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : ABCE58E864F7A4F3EBEE**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction: \$100.00/Bi-Weekly

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

C. Wagner, Christina, , ,

Mailing Address 1312 S Fairhill St

City
PhiladelphiaState
PAZip Code
19147-5819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Assoc Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2026**Transaction ID : AD2947081A8954E2DB7C**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

634.60

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

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

FOR LINE NUMBER: PAGE 34 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Wann, Bond, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Mgr ConsumSales Broker/Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A58E83B97EE2049BCA4E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

B. White, Matthew, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Lead Business Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A1AE1EF82D5984CDB959

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$30.00/Bi-Weekly

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

C. Wong, Erika, , ,

Mailing Address 119 Aspen Pl

City
North Wales

State
PA

Zip Code
19454-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Dir GM Stars

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A1C2AEFC3A04545748BC

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

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

160.00

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

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

FOR LINE NUMBER: PAGE 35 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Young, Adam, , ,

Mailing Address 6068 Hidden Valley Dr

City
Doylestown

State
PA

Zip Code
18902-9406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

06 / 27 / 2026

Transaction ID : AB56FE9C03BB243999A9

Amount of Each Receipt this Period

90.00

☐ Memo Item

Payroll Deduction: \$45.00/Bi-Weekly

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

B. Zangrilli, Michael, , ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Insurance Co. NJ

Occupation (for Individual)
Dir Sales - R (2-99)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A49100503DF3B45F2B9F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Zipfel, Michael, P., ,

Mailing Address 1901 Market St

City
Philadelphia

State
PA

Zip Code
19103-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
VP Corporate Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

06 / 27 / 2026

Transaction ID : A3FAA8397B8FE4DBC95A

Amount of Each Receipt this Period

154.00

☐ Memo Item

Payroll Deduction: \$77.00/Bi-Weekly

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

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

294.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Zitser, Emily, A., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Int SVP Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A483AA5F83BB24718BF1

Amount of Each Receipt this Period

192.30

☐ Memo Item

Payroll Deduction: \$96.15/Bi-Weekly

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

B. Jones, Phoebe, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Public Policy Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : AE79F02D9E2BB47B5928

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

C. Rathke, Christopher, T., ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Advertising&Video Productn

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A2AC7E648FFD642899E4

Amount of Each Receipt this Period

16.00

☐ Memo Item

Payroll Deduction: \$16.00/Bi-Weekly

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

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

233.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Stump, Jonathan, , ,

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
VP Product Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2026

Transaction ID : A06E950D8391B4D8BA1F

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction: \$60.00/Bi-Weekly

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

60.00

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

10060.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

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

A. Independence Blue Cross LLC

Mailing Address 1901 Market St

City
PhiladelphiaState
PAZip Code
19103-1480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2026

Transaction ID : A7EB0E8B03CA44FF2819

Amount of Each Receipt this Period

391.83

☐ Memo Item

Worldpay processing fee reimbursement

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

391.83

391.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 43

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

Full Name (Last, First, Middle Initial)

A. Worldpay, Inc.

Mailing Address 8500 Governors Hill Dr

City
Symmes Twp

State
OH

Zip Code
45249-1384

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 09 / 2026

FEC Identification Number

C

Transaction ID : BF6306B9EF

Amount of Each Disbursement this Period

391.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

391.83

391.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 43

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

Full Name (Last, First, Middle Initial)

A. SMUCKER FOR CONGRESSMailing Address 824 S MILLEDGE AVE
STE 101City
ATHENSState
GAZip Code
30605

Purpose of Disbursement

Candidate Name

Smucker, Lloyd, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	2	6		

FEC Identification Number

C C00599464

Transaction ID : B839CCB3At

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

Full Name (Last, First, Middle Initial)

A. Bucks United

Mailing Address 346 Stratton CT

City
LanghorneState
PAZip Code
19047

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☐	General
☒	Other (specify) ▼		Other

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : B26369114A

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Kenyatta Johnson

Mailing Address PO Box 3832

City
PhiladelphiaState
PAZip Code
19146

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2027

☒	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	7		

FEC Identification Number

C

Transaction ID : B40CB5635C

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Eric Nelson

Mailing Address 225 State Street

City
HarrisburgState
PAZip Code
17101

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : BB3C64618E

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jeff Olsommer

Mailing Address PO BOX 1001

City
GreentownState
PAZip Code
18426-1001

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : BE98D19714!

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Joanna McClinton

Mailing Address PO Box 16668

City
PhiladelphiaState
PAZip Code
19139-6668

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : BDCD5C5B81

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Lawrence

Mailing Address PO Box 331

City
West GroveState
PAZip Code
19390

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : B6CD1597A6

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5750.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Independence Blue Cross LLC PAC

Full Name (Last, First, Middle Initial)

A. Friends of Tina Pickett

Mailing Address 430 Franklin Church Road

City
DillsburgState
PAZip Code
17019

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	2	6		

FEC Identification Number

C

Transaction ID : BB0C15E979

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

500.00

9250.00