

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

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

FOR LINE NUMBER: PAGE 48 OF 71
(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross PAC

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

A. Stipceovich, Philip, , ,

Mailing Address 114 Hampton Road

City
Westmont

State
NJ

Zip Code
08108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Caritas

Occupation (for Individual)
Bus Architecture Design Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : C8074568

Amount of Each Receipt this Period

70.00

☐ Memo Item

* Payroll Deduction: Bi-Weekly \$35.00

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

B. Klena, Cora, , ,

Mailing Address 2312 Lombard Street

City
Philadelphia

State
PA

Zip Code
19146

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth Caritas

Occupation (for Individual)
SVP Chief Communications Offcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : C8074588

Amount of Each Receipt this Period

192.30

☐ Memo Item

* Payroll Deduction: Bi-Weekly \$96.15

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

C. Brooks, Ronald, J., ,

Mailing Address 220 Ridings Way

City
Ambler

State
PA

Zip Code
19002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross, LLC

Occupation (for Individual)
Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2020

Transaction ID : C8074628

Amount of Each Receipt this Period

60.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 30

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

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

322.30