

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Anthem, Inc. Political Action Committee (Anthem PAC)

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

A. Reynolds, Jeffrey, , ,

Mailing Address 319 Pleasantview Ave

City
Louisville

State
KY

Zip Code
40206-2613

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Provider Perf Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2020

Transaction ID : 050620-1423

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Reynolds, Jeffrey, , ,

Mailing Address 319 Pleasantview Ave

City
Louisville

State
KY

Zip Code
40206-2613

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Provider Perf Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2020

Transaction ID : 051820-1422

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Reynolds, Jeffrey, , ,

Mailing Address 319 Pleasantview Ave

City
Louisville

State
KY

Zip Code
40206-2613

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Provider Perf Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2020

Transaction ID : 060220-1413

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00