

**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 Y

in the
State of

C

(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 Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Y

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: M M / D D / Y Y Y Y Y
08 / 01 / 2026 To: M M / D D / Y Y Y Y Y
08 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		80169.72
(b) Cash on Hand at Beginning of Reporting Period.....	71007.57	
(c) Total Receipts (from Line 19)	12160.00	152752.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	83167.57	232922.50
7. Total Disbursements (from Line 31)	6954.95	156709.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76212.62	76212.62
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	8		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		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).....	10852.00	119412.70
(ii) Unitemized	1308.00	32943.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12160.00	152356.00
(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)	12160.00	152356.00
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).....	0.00	396.78
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))	12160.00	152752.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12160.00	152752.78

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	54.95	1259.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54.95	1259.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	49250.00
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).....	3400.00	106200.00
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)) ..	6954.95	156709.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6954.95	156709.88

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)	12160.00	152356.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12160.00	152356.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	54.95	1259.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	396.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	54.95	863.10

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

FOR LINE NUMBER: PAGE 6 OF 48

(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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AF311264C6AAA48D1BA1**

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 ▼

1955.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A3ECFEF9BBF114B2DB90**

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 ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AB9B6E29878A94A7286E**

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 7 OF 48
(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. 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A2E4AC283BAC24472B64**

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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AA9B223E587F34796A9C**

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. Barrett, Colin, , ,

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)
Sr Account Executive-R Premier

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A1CCA9C27068A466495E**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

140.00

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

FOR LINE NUMBER: PAGE 8 OF 48

(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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A5EE07B4DDEE749D0BA5

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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A71731D84475B46A1807

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 ▼

1309.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AE372E427F2C34522A7F

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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 48

(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
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 Treasury Svcs & Investment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A9191362DAE4D44C78AC

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
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 Gov't Markets Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A065C073348794083BB7

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
Newtown

State
PA

Zip Code
18940-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Dir Bus Devlp&ValueRealiztn-AH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A4A807B1E817F46E9A25

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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 48

(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
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)
Exec Dir Oper Sol & Broker Exp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AEBBEB28E5B1475A8A

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. Catindig, Joel, , ,

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 HR Digital Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A121119E334F46199EC

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. Chawla, Charaninder, S., ,

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 & Chief Analytics Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1139.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A47AC653BCA994533A54

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)..... ►

254.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 48
(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. 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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A49C0C0A3BC12483AAFD

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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ABDD941321EC840F4AF0

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. Crabtree, Charles, , ,

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 Chief Info Security Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A0D6B10F3B08B4D71B00

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)..... ►

240.00

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

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

FOR LINE NUMBER: PAGE 12 OF 48

(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. Cruz, Kortney, , ,

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 Government Markets

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963.50

Date of Receipt

08 / 22 / 2026

Transaction ID : A2E250ABA74DC4813A96

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. Daly, Brian, , ,

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 Marketing Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A90D589DB76914B5FB92

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. Deery, Christopher, 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)
Dir Crp Financial Investigatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AE68363B5F26D4D7096E

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)..... ►

361.00

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

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

FOR LINE NUMBER: PAGE 13 OF 48

(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. Devers Arbacheski, Alison, , ,

Mailing Address 118 S Cedar Hollow Rd

City
Paoli

State
PA

Zip Code
19301-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
CCT Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A6B7344A9814C434DB44

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. Dianno, Mark, J., ,

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 DGC & Asst Corp Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A25C04230208D4AB3A5D

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. Donley, Kenyatta, , ,

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 Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

442.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A56D60B821A8A4120BDC

Amount of Each Receipt this Period

52.00

☐ Memo Item

Payroll Deduction: \$26.00/Bi-Weekly

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

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

256.00

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

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

FOR LINE NUMBER: PAGE 14 OF 48
(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. Donohue, Kathleen, , ,

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 Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AC696C3DC837C4C2FB72

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. Donovan, Matthew, Francis, ,

Mailing Address 2139 Locust St

City
Philadelphia

State
PA

Zip Code
19103-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Strategy Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A67E92F0F02D04555A20

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. 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 ▼

680.00

Date of Receipt

08 / 22 / 2026

Transaction ID : ABA46843465C84238833

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)..... ►

220.00

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 48
(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. 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 ▼

1963.50

Date of Receipt

08 / 22 / 2026

Transaction ID : A076B202DA8BF4293B8F

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. 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 ▼

3269.10

Date of Receipt

08 / 22 / 2026

Transaction ID : A6FF185C9BE0F4F67AA7

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. Fick, Seth, , ,

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 Financ Rptng & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A9E2EFE090A8E42C18EC

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)..... ►

655.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 48
(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. 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 ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A19EEF40E948F41BAAF3**

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. 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 ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : ABC6557A8C62E46EB979**

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

C. 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 ▼

1963.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A8A700039BF89476DA8E**

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)..... ►

401.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 48
(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. 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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A266A05039AD840D4B7F

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. 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 ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A4F1A89F667B14357888

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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ACFE96D2B3B1749688DC

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)..... ▶

240.00

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

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

FOR LINE NUMBER: PAGE 18 OF 48
(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. Hall, Ryan, , ,

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)
Director Utilization Review

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A09215772E3914E80B9E

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. Hammer, Lejan, , ,

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)
Manger, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A6E80BA38923D4892B94

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. Hebert, Michael, , ,

Mailing Address 1527 Elk Run Rd

City
Downingtown

State
PA

Zip Code
19335-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
VP Provider Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

616.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A6534B4BBE1F2419E960

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 Page

FOR LINE NUMBER: PAGE 19 OF 48

(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. Hilleary, Jason, , ,

Mailing Address 604 N 4th St

City
PhiladelphiaState
PAZip Code
19123-2906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Dir MCT Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A34D166D768D84490B43**

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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A5E043D5A5ADA4AFF86C**

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 ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : ADACB1FFB6FDB465A9EC**

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)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 48
(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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ADC8DDA7A817843789BA

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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A23A217AEF01F4461B83

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. 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 ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AAFE64E30C904760A59

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).....▶

170.00

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

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

FOR LINE NUMBER: PAGE 21 OF 48
(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
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 Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A85C4009AFF814629A15

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
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 Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963.50

Date of Receipt

08 / 22 / 2026

Transaction ID : A5A490ADA1D2C47A2AAB

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
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)
SVPChfCusProdClinSoln&PharSvcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1617.00

Date of Receipt

08 / 22 / 2026

Transaction ID : ADD38BA36AE7B417A92D

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 48

(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 ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AEA118D1B5014A03B69

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. Lakshman, Hugh, , ,

Mailing Address 275 Vincent Rd

City
Paoli

State
PA

Zip Code
19301-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Dir & Actuary Commercial Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AC4D6027087FB414AB07

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. 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 ▼

1180.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A38E2653671424FC8890

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)..... ►

320.00

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

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

FOR LINE NUMBER: PAGE 23 OF 48

(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. 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 ▼

850.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A1FF064BB200E4131ABE

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. Lehman, Diana, , ,

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 Case & Condition Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A2FE7C87187B94517849

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. Lentz, Michael, 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)
VP Customer Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AB8584D28EC7A4C6C800

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)..... ►

280.00

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

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

FOR LINE NUMBER: PAGE 24 OF 48

(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. Lopez, Juan, 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)
EVP CFO & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 22 / 2026

Transaction ID : A95CA480B8E224AEF80B

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. Lupica, Anthony, , ,

Mailing Address 407 Westfield Dr

City
Broomall

State
PA

Zip Code
19008-3746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Business Solutions Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A9A2DD338BD884B7AB2C

Amount of Each Receipt this Period

26.00

☐ Memo Item

Payroll Deduction: \$13.00/Bi-Weekly

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

C. Lynch, Janelle, , ,

Mailing Address 1279 S Meadow Ln

City
Palmyra

State
PA

Zip Code
17078-8841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Govt Affairs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A7102C6C65C634645A7F

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)..... ►

480.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 48
(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. 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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A85FC4E11C5B6499A9A9

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. Manning, Edward, , ,

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 Financial Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A45559D09F648453EB41

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A577E74E9DAA847908C0

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)..... ►

120.00

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

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

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(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 ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : ACFC0DBE03F5445D2939

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 ▼

1634.55

Date of Receipt

08 / 22 / 2026

Transaction ID : ADEC14CA8437547D38A3

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 ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AEDAD9863A22B48BFBFA

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 RECEIPTS**

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

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(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
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 Public Affairs Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A750D15A914834288A4E

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
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 Sales -N

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AAD41DDD4159D4A7F94A

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 Bell

State
PA

Zip Code
19422-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
SVP Capital Planning & FP&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1963.50

Date of Receipt

08 / 22 / 2026

Transaction ID : ADF55D81B323C4FDCAA5

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 PageFOR LINE NUMBER: PAGE 28 OF 48
(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. Meehan, Andrea, 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 Sales -R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AA7107EFBE6464774874**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

B. Meehan, 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)
Dir Broker Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A8B0B1F9C340F42C5B9C**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. 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 ▼

1270.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A1F8ED01D26544921B05**

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)..... ►

291.00

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

FOR LINE NUMBER: PAGE 29 OF 48

(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. 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 ▼

1963.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AA042FB77270B43E3841

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. 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 ▼

1360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A890092D57E9B42DDBD2

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. O'Meara, Christie, , ,

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)
Client SolutionsExec-Nat'l Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A94F2FFA7BAEE4358B4A

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

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

421.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 48
(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. Ordonez, Maria, 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)
Supv Provider Data

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A65A10E1BB80141A28AB**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

B. Orezechowski, 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)
Associate Account Executive B

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A82CEF542316A46C9A86**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. Paterson, Linda, , ,

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 Health Value Optm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A2C6B7AA06E9B41C4A2D**

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)..... ►

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 48
(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. Phan, Martha, , ,

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 Prov Comms & Shared Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A0949F70A56C4426FA5E**

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

B. Ponden, Nicole, , ,

Mailing Address 904 Cherry Ln

City
CinnaminsonState
NJZip Code
08077-1034FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Financial Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A70177C46C19F42EB995**

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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A3B9CC666A4DE425F82E**

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)..... ►

194.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 48
(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. 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 ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AD04DF1A1C63548AA84E

Amount of Each Receipt this Period

32.00

☐ Memo Item

Payroll Deduction: \$16.00/Bi-Weekly

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

B. Reganato, Gail, L., ,

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 MCT Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A5FA49F49C60A4D49B1E

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. Rhea, Robin, , ,

Mailing Address 475 Arrowhead Springs Ln

City
VersaillesState
KYZip Code
40383-9591FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A9A7D278B3D8544F3AEA

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)..... ►

132.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 48
(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. Riccobene, Ellen, , ,

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 Clin Care Transformation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A4D6FF7EBC84D40DA975

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AA7ACC2B2331A4BF2B85

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. Rosenblatt, 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)
Manager HRIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AEAC8FFDEA24C430FB6C

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

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

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 48
(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. 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 ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A0AF214A5B49D4D3A9D4

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. Santos-Galarza, Eileen, 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)
Supv Enrollment Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AE8D0F11F38E94EC7BE8

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. Sherlock, Laura, 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)
Provider Network Contract Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A89F0B8F21CDE47DF898

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 48
(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. Sherman, Kevin, , ,

Mailing Address 408 Glendale Rd

City
CollegevilleState
PAZip Code
19426-1763FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr App Development Servcs-AHA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A543EBACB90DD403E8A8

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. Siejak, Kimberly, K., ,

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)
National Programs Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A0BAEFD7F54A24D28BA6

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

C. Smith, David, , ,

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)
SUPV HRC Behavioral Hlth

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A399B5C0D52C649A2940

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

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

110.00

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

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

FOR LINE NUMBER: PAGE 36 OF 48
(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 ▼

595.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A80FB1D1426B34E11BB6

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 ▼

3269.10

Date of Receipt

08 / 22 / 2026

Transaction ID : AEF68FBD5A61D4600A2F

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 ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AF6FA12B5414C478FA5E

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 37 OF 48
(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. Stevenson, LaTanya, , ,

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 AdministratorsOccupation (for Individual)
Supv Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AD9C3047640BB4FE4873**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

B. 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 ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A58D2FEF4E1824FCC81E**

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. 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 ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A499990B0E7C94F9C924**

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)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 48
(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. 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 ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A4C40C6BE64A641DD9B7

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. 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 ▼

1309.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A054A94998F124A399E7

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. 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 ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A4893AE2B4A344F018EF

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)..... ►

608.60

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

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

FOR LINE NUMBER: PAGE 39 OF 48
(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. Vidovich, Mitch, Lee, ,

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 Govt & External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A5D4B3C99BFD04025A04

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

B. Wagner, Christina, , ,

Mailing Address 1312 S Fairhill St

City
Philadelphia

State
PA

Zip Code
19147-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLC

Occupation (for Individual)
Assoc Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : A3B45E50D2E11406EABB

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. 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 ConsumrSales Broker/Retail

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 22 / 2026

Transaction ID : ADAF7740BAD13414BA75

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)..... ►

300.00

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

FOR LINE NUMBER: PAGE 40 OF 48

(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. Whaley, Camina, , ,

Mailing Address 918 E Sedgwick St

City
PhiladelphiaState
PAZip Code
19150-3518FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ADD9FEF22050248A6B07

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

B. White, Matthew, , ,

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 Business Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A0744CC483AD94B55B80

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 WalesState
PAZip Code
19454-1702FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ABE4047572B4D4922B12

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

140.00

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 41 OF 48
(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
DoylestownState
PAZip Code
18902-9406FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ABD75E42E166A4A7195B

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

C

Name of Employer (for Individual)
AmeriHealth Insurance Co. NJOccupation (for Individual)
Dir Sales - R (2-99)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : ABDDF9562F15841FE9B4

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
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 Corporate Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1309.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AA823F0371C074734AAF

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 42 OF 48
(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 ▼

1634.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A23A626A0FF7C4A22A76**

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. 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 ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : AFB5B543D81FB4F0B91B**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction: \$20.00/Bi-Weekly

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

C. Devine, Victoria, , ,

Mailing Address 103 Belmont Dr

City
Upper ChichesterState
PAZip Code
19061-2314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Supv Cust Srvc Wrkfrce Anlyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : A9AD62EA3EFE5462187F**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

237.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 48
(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. Mosley, Jasmin, , ,

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)
Sr Account Executive-R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AAA858A05D7D44A2BA97

Amount of Each Receipt this Period

15.00

☐ Memo Item

Payroll Deduction: \$15.00/Bi-Weekly

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

B. Muraresku, Dana, , ,

Mailing Address 49 Starling Rd

City
HollandState
PAZip Code
18966-1928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Delegation & Assessment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A0AE0492FF03F487D960

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. Smith, Aimee, , ,

Mailing Address 1845 Cold Brook Ln

City
JamisonState
PAZip Code
18929-1343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Mgr Reg Perf Mgmt-Commercial

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : A8B285B6FC0F34968A64

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction: \$25.00/Bi-Weekly

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

65.00

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

PAGE 44 OF 48

☒ 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, Brandon, , ,

Mailing Address 105 Belmont Ave

City
WilmingtonState
DEZip Code
19804-1509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross LLCOccupation (for Individual)
Cust Service Workforce Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : AAC38F18D50124331B25

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

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)..... ►

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

25.00

10852.00

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

PAGE 45 OF 48

☒ 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 TwpState
OHZip Code
45249-1384

Purpose of Disbursement

bank fee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	2	6	

FEC Identification Number

C

Transaction ID : B9A68E9E88

Amount of Each Disbursement this Period

54.95

☐ 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	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	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).....▶

54.95

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

54.95

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

PAGE 46 OF 48

☐ 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. Team Rob

Mailing Address 824 S Milledge Ave

City
AthensState
GAZip Code
30605-1366

Purpose of Disbursement

Rob for PA

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	8			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : B5AD0BFD06

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAD 4 PA PAC

Mailing Address P.O. BOX 444

City
GLENSIDEState
PAZip Code
19038-0444

Purpose of Disbursement

Contribution

Candidate Name

Dean, Madeleine, , Rep.,

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State: PA

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6		

FEC Identification Number

C C00670844

Transaction ID : BA54FC1AD1

Amount of Each Disbursement this Period

2500.00

☐ 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)..... ►

3500.00

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

3500.00

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

PAGE 47 OF 48

☐ 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. Building Together PAC

Mailing Address P.O. Box 2101

City
JenkintownState
PAZip Code
19046-0701

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	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6	

FEC Identification Number

C

Transaction ID : B040A6CC94

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Scott Martin

Mailing Address 802 Lightfoot Drive

City
West ChesterState
PAZip Code
19382

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	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6	

FEC Identification Number

C

Transaction ID : BBE20EC93F

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Tim Kearney

Mailing Address PO Box 505

City
SwarthmoreState
PAZip Code
19081-0505

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	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6	

FEC Identification Number

C

Transaction ID : BE5911E686

Amount of Each Disbursement this Period

400.00

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

2900.00

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

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

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☐ 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. Vote Picozzi

Mailing Address PO BOX 146

City
HarrisburgState
PAZip Code
17108-0146

Purpose of Disbursement

Contribution to Non-Fed. Committee

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2028

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : B5D9BC6F68

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

Category/
Type

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

Category/
Type

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

3400.00