

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

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

FOR LINE NUMBER: PAGE 34 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

Independence Blue Cross PAC

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

A. Smith-McLallen, Aaron, , ,

Mailing Address 549 Midvale Rd

City
Upper Darby

State
PA

Zip Code
19082

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Director, Health Informatics &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : C8064343

Amount of Each Receipt this Period

70.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 35

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

B. Wardlow, James, , ,

Mailing Address 725 E Butler Pike

City
Ambler

State
PA

Zip Code
19002

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Dir Health Markets Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : C8064383

Amount of Each Receipt this Period

70.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 35

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

C. Brooks, Ronald, J., ,

Mailing Address 220 Ridings Way

City
Ambler

State
PA

Zip Code
19002

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2020

Transaction ID : C8064127

Amount of Each Receipt this Period

60.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 30

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

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

200.00