

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

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

FOR LINE NUMBER: PAGE 243 OF 341

(check only one)

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

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NAME OF COMMITTEE (In Full)

Anthem, Inc. Political Action Committee (Anthem PAC)

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

A. Reynolds, Jeffrey, , ,

Mailing Address 319 Pleasantview Ave

City
Louisville

State
KY

Zip Code
40206-2613

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Provider Perf Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 041320-1434

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Reynolds, Jeffrey, , ,

Mailing Address 319 Pleasantview Ave

City
Louisville

State
KY

Zip Code
40206-2613

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Provider Perf Medical Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : 042220-1428

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Reynolds, Jennie, , ,

Mailing Address 13831 Mountain Rd

City
Glen Allen

State
VA

Zip Code
23059-1623

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
President Medicaid - Va

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2020

Transaction ID : 041320-1069

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00