

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 552

(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. Alcoke, Susan, , ,

Mailing Address 9924 McCauly Woods Dr

City
CincinnatiState
OHZip Code
45241-1489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Anthem Companies, Inc.Occupation (for Individual)
Mgr II Membership

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 060519-90

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Alessi, Judith, , ,

Mailing Address 51 Patrick Ln

City
BranfordState
CTZip Code
06405-6136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Anthem Companies, Inc.Occupation (for Individual)
Director & Actuary III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 060519-222

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Alexander, William, , ,

Mailing Address 220 Ellen PI SW

City
AtlantaState
GAZip Code
30331-7373FEC 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 ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 060519-1080

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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