

# **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 426

(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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : 062819-90

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : 061719-224

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2019

Transaction ID : 062819-221

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).....▶