

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

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

FOR LINE NUMBER: PAGE 199 OF 661

(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. Garnett, Robert, , ,**

Mailing Address 1232 Porter St

City  
Franklin

State  
TN

Zip Code  
37064-1463

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Rvp II & Pres Medicaid Hth Pln

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 121319-1089**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Garnett, Robert, , ,**

Mailing Address 1232 Porter St

City  
Franklin

State  
TN

Zip Code  
37064-1463

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Rvp II & Pres Medicaid Hth Pln

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2019

**Transaction ID : 123119-1081**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Gartner, Katie, , ,**

Mailing Address 5701 Nickview Dr

City  
Cincinnati

State  
OH

Zip Code  
45247-6940

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Provider Network Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 121319-417**

Amount of Each Receipt this Period

12.80

☐ Memo Item

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

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

52.80