

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

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

FOR LINE NUMBER: PAGE 64 OF 84

(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. Brooks, Ronald, J., ,

Mailing Address 220 Ridings Way

City
AmblerState
PAZip Code
19002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross, LLCOccupation (for Individual)
Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2020

Transaction ID : C8079830

Amount of Each Receipt this Period

60.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 30

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

B. Capaldi, Chris, J., ,

Mailing Address 12535 Ramer Road

City
PhiladelphiaState
PAZip Code
19154FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AmeriHealth AdministratorsOccupation (for Individual)
Dir Bus Solutions - AHA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2020

Transaction ID : C8079840

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. Chortanoff, Arielle, , ,

Mailing Address 1 Fox Chase Circle
Apt. ACity
HarrisburgState
PAZip Code
17111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independence Blue Cross, LLCOccupation (for Individual)
Government Affairs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2020

Transaction ID : C8079850

Amount of Each Receipt this Period

70.00

☐ Memo Item

* Payroll Deduction: Bi-weekly \$ 35

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

200.00

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