

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**ALLERGAN, INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. William Meury</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2015 <b>Transaction ID : SA11AI.13020</b>
Mailing Address 400 Interpace Parkway			Amount of Each Receipt this Period 5000.00
City Parsippany	State NJ	Zip Code 07054	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00	
Name of Employer Allergan, Inc.		Occupation EVP, Commercial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. James Moesser</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015 <b>Transaction ID : SA11AI.12823</b>
Mailing Address 2924 W Dunlop Dr			Amount of Each Receipt this Period 10.00
City West Jordan	State UT	Zip Code 84088	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer Allergan, Inc.		Occupation Associate Director, Transdermal Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. James Moesser</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015 <b>Transaction ID : SA11AI.12824</b>
Mailing Address 2924 W Dunlop Dr			Amount of Each Receipt this Period 10.00
City West Jordan	State UT	Zip Code 84088	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Allergan, Inc.		Occupation Associate Director, Transdermal Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5020.00
<b>TOTAL</b> This Period (last page this line number only).....▶	