

**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 729 OF 888
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PFIZER INC. PAC**

**A. David S. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 E 42nd St  
 Pfizer Inc  
 City New York State NY Zip Code 10017-5703  
 Name of Employer Pfizer Inc Occupation VPresident Platform Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 20150914142248-1844**  
 Amount of Each Receipt this Period  
 104.17

**B. David S. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 E 42nd St  
 Pfizer Inc  
 City New York State NY Zip Code 10017-5703  
 Name of Employer Pfizer Inc Occupation VPresident Platform Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 2015092815531-1854**  
 Amount of Each Receipt this Period  
 104.17

**C. James Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 E 42nd St  
 Pfizer Inc  
 City New York State NY Zip Code 10017-5703  
 Name of Employer Pfizer Inc Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : A014E32EBBE4404FABB1**  
 Amount of Each Receipt this Period  
 1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1458.34
<b>TOTAL</b> This Period (last page this line number only).....▶	