

**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 689 OF 1175
	<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. Robert J. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 6465 Greenwood Plaza Blvd
 Ste 150
 City Greenwood Village State CO Zip Code 80111-4935
 Name of Employer Pfizer Inc Occupation Sales/AM-2 Sls Rep-Spec Ph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 15 / 2015
Transaction ID : 20151214163747-1760
 Amount of Each Receipt this Period 14.00

B. Robert J. Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 6465 Greenwood Plaza Blvd
 Ste 150
 City Greenwood Village State CO Zip Code 80111-4935
 Name of Employer Pfizer Inc Occupation Sales/AM-2 Sls Rep-Spec Ph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 31 / 2015
Transaction ID : 20151230101343-1773
 Amount of Each Receipt this Period 14.00

C. Michelle Meierhoffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Perimeter Walk
 Pfizer Regional Mgmt Office
 City Atlanta State GA Zip Code 30338-7503
 Name of Employer Pfizer Inc Occupation Sales/AM-2 Sls Rep-Pcare Ph
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2015
Transaction ID : 20151214163747-2013
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional).....▶ 38.00
TOTAL This Period (last page this line number only).....▶