

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

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

FOR LINE NUMBER: PAGE 79 OF 112

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

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

A. Pinter, John, , ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Head of Enterprise Architecture and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : A2019-2692366

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Pomeroy, James, S, ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Lead Corporate Branding and Patient

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2019

Transaction ID : A2019-2692037

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Pomeroy, James, S, ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Lead Corporate Branding and Patient

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2019

Transaction ID : A2019-2692524

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

50.00

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