

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

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

FOR LINE NUMBER: PAGE 34 OF 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

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

A. Kahn, Floreine, , ,

Mailing Address 1155 F Street NW

City
Washington

State
DC

Zip Code
20004-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PhRMA

Occupation (for Individual)
Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1144.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : PR254658662256

Amount of Each Receipt this Period

104.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

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

B. Stone, William, , ,

Mailing Address 950 F Street NW

City
Washington

State
DC

Zip Code
20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PhRMA

Occupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : PR2550671962256

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

C. Hayes, Ashley, , ,

Mailing Address 950 F Street NW

City
Washington

State
DC

Zip Code
20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PhRMA

Occupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

Transaction ID : PR2551553162256

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

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

179.00

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