

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

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

FOR LINE NUMBER: PAGE 222 OF 283

(check only one)

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

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NAME OF COMMITTEE (In Full)

PFIZER INC. PAC

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

A. Schneider, Ryan, David, ,

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer Inc

Occupation (for Individual)

PHR Level 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : 2019042910416-2139

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Schuster, Robert, J, ,

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharmacia & Upjohn Company

Occupation (for Individual)  
Key Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2019

Transaction ID : 201904126496-264

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Schuster, Robert, J, ,

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharmacia & Upjohn Company

Occupation (for Individual)  
Key Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2019

Transaction ID : 2019042910416-265

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

125.01

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