

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

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

FOR LINE NUMBER: PAGE 70 OF 106

(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. Petrie, Kenneth, , ,**

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)  
 Senior Territory Business Manager -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2019
**Transaction ID : A2019-1728735**

Amount of Each Receipt this Period

20.00

☐ 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 ▼

280.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2019
**Transaction ID : A2019-1728984**

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 ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2019
**Transaction ID : A2019-1728738**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

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

60.00