

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 326 OF 443

(check only one)

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

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NAME OF COMMITTEE (In Full)

Zeneca. Inc. Political Action Committee (AZPAC)

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

A. Quinn, Christopher, , ,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Learning Director - CVRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : AE3D0E8BAC96640EAA7C

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Quinn, Christopher, , ,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Learning Director - CVRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : A5240B7D8396D4E27910

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. RABAH, TAREK, , Mr,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AZPLPOccupation (for Individual)
VP DIABETES INJECTABLE FRANCHI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.34

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2019

Transaction ID : AA50C4B0794CB44739BB

Amount of Each Receipt this Period

104.17

☐ Memo Item

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

124.17

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