

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

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

FOR LINE NUMBER: PAGE 726 OF 814

(check only one)

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

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NAME OF COMMITTEE (In Full)

CELGENE CORPORATION POLITICAL ACTION COMMITTEE

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

A. Van Horn, Daniel, F, ,

Mailing Address 86 Morris Ave

City
Summit

State
NJ

Zip Code
07901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Celgene Corporation

Occupation (for Individual)

Sr Director, Patient Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : 201908022256-296

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

B. Van Horn, Daniel, F, ,

Mailing Address 86 Morris Ave

City
Summit

State
NJ

Zip Code
07901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Celgene Corporation

Occupation (for Individual)

Sr Director, Patient Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2019

Transaction ID : 2019081622175-296

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Van Horn, Daniel, F, ,

Mailing Address 86 Morris Ave

City
Summit

State
NJ

Zip Code
07901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Celgene Corporation

Occupation (for Individual)

Sr Director, Patient Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : 2019090222175-289

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00