

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Pinter, John, , ,

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)
Head of Enterprise Architecture and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 15 / 2019

Transaction ID : A2019-2775509

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Pinter, John, , ,

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)
Head of Enterprise Architecture and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 29 / 2019

Transaction ID : A2019-2775754

Amount of Each Receipt this Period

10.00

☐ 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 ▼

440.00

Date of Receipt

11 / 01 / 2019

Transaction ID : A2019-2775264

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00