

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 OF 181

(check only one)

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

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NAME OF COMMITTEE (In Full)

Gilead Sciences Inc Healthcare Policy PAC

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

A. Morse, Richard, S, ,

Mailing Address 4388 Miller Ct

City
Palo Alto

State
CA

Zip Code
94306-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gilead Sciences, Inc.

Occupation (for Individual)

Sr Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2019

Transaction ID : 2019081512215-20

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Morse, Richard, S, ,

Mailing Address 4388 Miller Ct

City
Palo Alto

State
CA

Zip Code
94306-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gilead Sciences, Inc.

Occupation (for Individual)

Sr Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID : 2019092013176-20

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Morse, Richard, S, ,

Mailing Address 4388 Miller Ct

City
Palo Alto

State
CA

Zip Code
94306-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gilead Sciences, Inc.

Occupation (for Individual)

Sr Director, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 2019091212215-19

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00