

# **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)

PAGE 112 OF 181

☒ 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 Y  
12 / 20 / 2019

**Transaction ID : 201912201295-19**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Murray, Elizabeth, C, ,**

Mailing Address 2020 N Bayshore Dr

City  
Miami

State  
FL

Zip Code  
33137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gilead Sciences, Inc.

Occupation (for Individual)  
Exec Director, Access Operations & En

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2019

**Transaction ID : 2019082018297-5**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Murray, Elizabeth, C, ,**

Mailing Address 2020 N Bayshore Dr

City  
Miami

State  
FL

Zip Code  
33137-5153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gilead Sciences, Inc.

Occupation (for Individual)  
Exec Director, Access Operations & Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2019

**Transaction ID : 2019071817135-5**

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)..... ►

90.00