

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HOSPIRA INC PAC LLC

ADDRESS (number and street)

275 N FIELD DRIVE

HI - 4S DEPT GVAF

☐Check if different  
than previously  
reported. (ACC)

LAKE FOREST

IL

60045

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00433284

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Lori O. Carlson

Signature of Treasurer

Electronically Filed by Lori O. Carlson

Date

04

09

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
HOSPIRA INC PAC LLC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	24076.00
(b) Cash on Hand at Beginning of Reporting Period .....	36251.65	
(c) Total Receipts (from Line 19) .....	36032.31	70707.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	72283.96	94783.96
7. Total Disbursements (from Line 31) .....	9768.00	32268.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62515.96	62515.96
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

HOSPIRA INC PAC LLC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	30205.56	56647.78
(ii) Unitemized .....	5826.75	14060.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	36032.31	70707.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36032.31	70707.96
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	36032.31	70707.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36032.31	70707.96

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	28000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	268.00	268.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	268.00	268.00	
29. Other Disbursements.....	3000.00	4000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9768.00	32268.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9768.00	32268.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	36032.31	70707.96
34. Total Contribution Refunds (from Line 28(d)) .....	268.00	268.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35764.31	70439.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kent Abrahamson

Mailing Address 2671 Remington Court

City State Zip Code  
Morgan Hill CA 95037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6374

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kent Abrahamson

Mailing Address 2671 Remington Court

City State Zip Code  
Morgan Hill CA 95037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6568

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kent Abrahamson

Mailing Address 2671 Remington Court

City State Zip Code  
Morgan Hill CA 95037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6569

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 7 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kent Abrahamson

Mailing Address 2671 Remington Court

City State Zip Code  
Morgan Hill CA 95037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6702

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kent Abrahamson

Mailing Address 2671 Remington Court

City State Zip Code  
Morgan Hill CA 95037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6703

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6095

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

76.92

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6233

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6234

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6375

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6376

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6377

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6570

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6571

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6704

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon W. Ayd

Mailing Address 8 Lakeview Road

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6705

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6097

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6235

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6236

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6378

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6379

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6380

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: SA11AI.6572

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6573

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6706

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Royce Bedward

Mailing Address 21 Kings Cross Drive

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6707

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Christopher Begley

Mailing Address 1217 Ashbury Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.6862

Amount of Each Receipt this Period

5000.00

Personal check

**C.**

Full Name (Last, First, Middle Initial)

Roger Beglin

Mailing Address 25 Bluffwood Drive

City

South Haven

State

MI

Zip Code

49090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5956

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

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

5150.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5957

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6098

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6099

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6237

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6238

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6381

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6382

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6383

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6574

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6575

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6708

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Roger Beglin

Mailing Address 25 Bluffwood Drive

City State Zip Code  
South Haven MI 49090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6709

Amount of Each Receipt this Period

100.00

Bi-weekly payroll deducti-  
on

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5960

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5961

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6102

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6103

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6241

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6242

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6387

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6388

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6389

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6578

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6579

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6712

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori Neal Bowman

Mailing Address 1600-D Belmont Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6713

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Peter Brigida

Mailing Address 944 Erb Farm Lane

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6391

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Peter Brigida

Mailing Address 944 Erb Farm Lane

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6392

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Peter Brigida

Mailing Address 944 Erb Farm Lane

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6580

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Peter Brigida

Mailing Address 944 Erb Farm Lane

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6581

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Peter Brigida

Mailing Address 944 Erb Farm Lane

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6714

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Peter Brigida

Mailing Address 944 Erb Farm Lane

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.6715

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Dennis A. Burke

Mailing Address 1285 Winconton

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.6106

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Dennis A. Burke

Mailing Address 1285 Winconton

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.6107

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

48.46

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**

Full Name (Last, First, Middle Initial)

Dennis A. Burke

Mailing Address 1285 Winconton

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11AI.6245

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Dennis A. Burke

Mailing Address 1285 Winconton

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11AI.6246

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Dennis A. Burke

Mailing Address 1285 Winconton

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: SA11AI.6393

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 27 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.30

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6394

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.53

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6395

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.76

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6582

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 28 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6583

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6716

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Dennis A. Burke

Mailing Address 1285 Winconton

City State Zip Code  
Deerfield IL 60015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6717

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Anthony Cacich

Mailing Address 309 Minear Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP & GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6585

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Anthony Cacich

Mailing Address 309 Minear Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP & GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6718

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Anthony Cacich

Mailing Address 309 Minear Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP & GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11AI.6719

Amount of Each Receipt this Period

20.00

Bi-weekly payroll deducti-  
on

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Michael S. Carlin

Mailing Address 2326 Central Park

City

Evanston

State

IL

Zip Code

60207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6111

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Michael S. Carlin

Mailing Address 2326 Central Park

City

Evanston

State

IL

Zip Code

60207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6250

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Michael S. Carlin

Mailing Address 2326 Central Park

City

Evanston

State

IL

Zip Code

60207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6251

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 31 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6399

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6400

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6401

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 32 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6586

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6587

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael S. Carlin

Mailing Address 2326 Central Park

City State Zip Code  
Evanston IL 60207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6720

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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



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

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FOR LINE NUMBER: PAGE 33 / 167

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Michael S. Carlin

Mailing Address 2326 Central Park

City

Evanston

State

IL

Zip Code

60207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6721

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Lori O. Carlson

Mailing Address 522 Rockefeller Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5971

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Lori O. Carlson

Mailing Address 522 Rockefeller Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5972

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

230.76

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 167

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6112

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6113

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6252

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 167

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1226.90

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6253

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1323.05

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6402

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1419.20

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6403

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6404

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1611.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6588

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6589

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 37 / 167

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1803.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6722

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Lori O. Carlson

Mailing Address 522 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
CVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1899.95

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6723

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Carlson

Mailing Address 36235 Mill Court

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6407

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

211.53

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

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

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

FOR LINE NUMBER: PAGE 38 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Nancy Carlson

Mailing Address 36235 Mill Court

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6590

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Kim Cauchy

Mailing Address 1742 Bellflower Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6592

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Kim Cauchy

Mailing Address 1742 Bellflower Circle

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6724

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 39 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kim Cauchy

Mailing Address 1742 Bellflower Circle

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6258

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6259

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

96.15

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6411

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6412

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6413

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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



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

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

FOR LINE NUMBER: PAGE 41 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6593

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6594

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6726

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 42 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Chown

Mailing Address 7131 Lakeshore Terrace

City State Zip Code  
Appleton NY 14008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Major Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6727

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6415

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6416

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

58.46

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

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

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

FOR LINE NUMBER: PAGE 43 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6595

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6596

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6728

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Joseph C. Cramer

Mailing Address 14765 Creekside Path

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6729

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Anil D'Souza

Mailing Address 708 Apple Tree Lane

City State Zip Code  
Glencoe IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6602

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Anil D'Souza

Mailing Address 708 Apple Tree Lane

City State Zip Code  
Glencoe IL 60022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6734

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

48.46

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

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

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

FOR LINE NUMBER: PAGE 45 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Anil D'Souza

Mailing Address 708 Apple Tree Lane

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6735

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6421

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6422

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

58.46

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

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

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

FOR LINE NUMBER: PAGE 46 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6599

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

B.

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6600

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

C.

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6732

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

David C. Demarest

Mailing Address 116 Deere Park Court

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Counsel III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6733

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Meredith Durant

Mailing Address 1341 Asbury Ave

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.5987

Amount of Each Receipt this Period

500.00

One-time payroll deduction

**C.**

Full Name (Last, First, Middle Initial)

Stacey T. Eisen

Mailing Address 5235 Hilltop Road

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6428

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

529.23

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

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

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

FOR LINE NUMBER: PAGE 48 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Stacey T. Eisen

Mailing Address 5235 Hilltop Road

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6603

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Stacey T. Eisen

Mailing Address 5235 Hilltop Road

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6604

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Stacey T. Eisen

Mailing Address 5235 Hilltop Road

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6736

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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



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

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

FOR LINE NUMBER: PAGE 49 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Stacey T. Eisen

Mailing Address 5235 Hilltop Road

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6737

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
James M. Ellis

Mailing Address 2147 Silver Linden

City State Zip Code  
Buffalo Grove IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6431

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
James M. Ellis

Mailing Address 2147 Silver Linden

City State Zip Code  
Buffalo Grove IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6605

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 50 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
James M. Ellis

Mailing Address 2147 Silver Linden

City State Zip Code  
Buffalo Grove IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6606

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
James M. Ellis

Mailing Address 2147 Silver Linden

City State Zip Code  
Buffalo Grove IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6738

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
James M. Ellis

Mailing Address 2147 Silver Linden

City State Zip Code  
Buffalo Grove IL 60089

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Senior Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6739

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 51 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2009

Transaction ID: SA11AI.5995

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.5996

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.6133

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6134

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6275

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6276

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6432

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6433

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6434

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6607

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6608

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6740

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J. Fiocco, Jr.

Mailing Address 305 Meadow Lake Lane

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6741

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Eric Gossard

Mailing Address 5107 N Western Avenue  
Unit 3N

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6440

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Eric Gossard

Mailing Address 5107 N Western Avenue  
Unit 3N

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6611

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

63.46

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

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

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

FOR LINE NUMBER: PAGE 56 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Eric Gossard

Mailing Address 5107 N Western Avenue  
Unit 3N

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6612

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Eric Gossard

Mailing Address 5107 N Western Avenue  
Unit 3N

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6744

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Eric Gossard

Mailing Address 5107 N Western Avenue  
Unit 3N

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6745

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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



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

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

FOR LINE NUMBER: PAGE 57 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6001

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.84

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6002

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.30

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6139

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 58 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6140

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6281

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Jerome J. Groen

Mailing Address 329 Concord Square

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.68

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6282

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 59 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6284

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6441

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6442

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

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

36.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6443

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6613

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6614

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

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

36.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6746

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kurt Gunter

Mailing Address 14620 South Somerset Circle

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6747

Amount of Each Receipt this Period

12.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Caleb Hart

Mailing Address 1058 Village Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6615

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

43.23

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Caleb Hart

Mailing Address 1058 Village Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6616

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Caleb Hart

Mailing Address 1058 Village Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6748

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Caleb Hart

Mailing Address 1058 Village Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6749

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6448

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6449

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6617

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6618

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6750

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kim Haugen

Mailing Address 17101 West Prairie View Lane

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6751

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6148

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6289

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6290

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City	State	Zip Code
Libertyville	IL	60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: SA11AI.6450

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City	State	Zip Code
Libertyville	IL	60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: SA11AI.6451

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City	State	Zip Code
Libertyville	IL	60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: SA11AI.6452

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6619

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6620

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6752

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Hazelwood

Mailing Address 129 North Stewart

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6753

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6011

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6012

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 69 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6149

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6150

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6291

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 70 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6292

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6453

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6454

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 71 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6455

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6621

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6622

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

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

115.38

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

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

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

FOR LINE NUMBER: PAGE 72 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6754

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Ricardo Isaza

Mailing Address 1225 Tavern Landing

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6755

Amount of Each Receipt this Period

38.46

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Robert A. Jenkins

Mailing Address 804 Short Spoon Circle

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6458

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

96.15

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



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

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

FOR LINE NUMBER: PAGE 73 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Robert A. Jenkins

Mailing Address 804 Short Spoon Circle

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6623

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Jenkins

Mailing Address 804 Short Spoon Circle

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6624

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Robert A. Jenkins

Mailing Address 804 Short Spoon Circle

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6756

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 74 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Robert A. Jenkins

Mailing Address 804 Short Spoon Circle

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6757

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6015

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6016

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

119.23

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

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

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

FOR LINE NUMBER: PAGE 75 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6153

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6154

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6295

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6296

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6459

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6460

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6461

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6625

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City State Zip Code  
Arlington Heights IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6626

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City	State	Zip Code
Arlington Heights	IL	60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6758

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Michael Johannesen

Mailing Address 1411 East Sunset Terrace

City	State	Zip Code
Arlington Heights	IL	60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11AI.6760

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City	State	Zip Code
Lake Bluff	IL	60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	9	

Transaction ID: SA11AI.6019

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

292.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
07 24 2009

Transaction ID: SA11AI.6020

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M / D D / Y Y Y Y  
08 07 2009

Transaction ID: SA11AI.6157

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y  
08 21 2009

Transaction ID: SA11AI.6158

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6299

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6300

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6465

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City	State	Zip Code
Lake Bluff	IL	60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.6466

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City	State	Zip Code
Lake Bluff	IL	60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6467

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City	State	Zip Code
Lake Bluff	IL	60044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.6629

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6630

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6763

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Terrence Kearney

Mailing Address 460 Mawman Avenue

City State Zip Code  
Lake Bluff IL 60044

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6764

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

John A. Lane

Mailing Address 710 Warwick Lane

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6023

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

John A. Lane

Mailing Address 710 Warwick Lane

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6024

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

John A. Lane

Mailing Address 710 Warwick Lane

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6161

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6162

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6303

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6304

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6471

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6472

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6473

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6633

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6635

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
John A. Lane

Mailing Address 710 Warwick Lane

City State Zip Code  
Lake Zurich IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6767

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

John A. Lane

Mailing Address 710 Warwick Lane

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6768

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6025

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City

Green Oaks

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6026

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

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

166.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6163

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6164

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6305

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

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

174.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 167

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6307

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

962.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6474

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6475

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

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

174.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 167

(check only one)

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**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6476

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6636

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1194.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6637

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

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

174.00

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

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

Use separate schedule(s)  
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HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6769

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lockowitz

Mailing Address 1645 Churchchill Court

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6770

Amount of Each Receipt this Period

58.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
John McGuire

Mailing Address 11307 Wetwood Cove

City State Zip Code  
Austin TX 78726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Austin Plant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6484

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

126.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

John McGuire

Mailing Address 11307 Wetwood Cove

City

Austin

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Austin Plant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6485

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

John McGuire

Mailing Address 11307 Wetwood Cove

City

Austin

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Austin Plant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6642

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

John McGuire

Mailing Address 11307 Wetwood Cove

City

Austin

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Austin Plant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6643

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

John McGuire

Mailing Address 11307 Wetwood Cove

City

Austin

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Austin Plant Controller

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6775

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

John McGuire

Mailing Address 11307 Wetwood Cove

City

Austin

State

TX

Zip Code

78726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Austin Plant Controller

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6776

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Meyers

Mailing Address 216 Wagner Road

City

Northfield

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

SVP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6644

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

39.23

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

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth Meyers

Mailing Address 216 Wagner Road

City State Zip Code  
Northfield IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6645

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Meyers

Mailing Address 216 Wagner Road

City State Zip Code  
Northfield IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6777

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Meyers

Mailing Address 216 Wagner Road

City State Zip Code  
Northfield IL 60093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6778

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

Use separate schedule(s)  
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2009

Transaction ID: SA11AI.6035

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2009

Transaction ID: SA11AI.6036

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 07 / 2009

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 167

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6174

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6316

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6317

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 167

(check only one)

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

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**A.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6489

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6490

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6491

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Thomas G. Moore

Mailing Address 6260 Murifield Drive

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

CVP &amp; President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	9	

Transaction ID: SA11AI.6646

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Thomas G. Moore

Mailing Address 6260 Murifield Drive

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

CVP &amp; President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6647

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Thomas G. Moore

Mailing Address 6260 Murifield Drive

City

Gurnee

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

CVP &amp; President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6779

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas G. Moore

Mailing Address 6260 Murifield Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6780

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Catherine Murphy

Mailing Address 26485 N Farwell Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6493

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Catherine Murphy

Mailing Address 26485 N Farwell Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6494

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

70.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Catherine Murphy

Mailing Address 26485 N Farwell Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6648

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Catherine Murphy

Mailing Address 26485 N Farwell Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6649

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Catherine Murphy

Mailing Address 26485 N Farwell Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6781

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 101 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Catherine Murphy

Mailing Address 26485 N Farwell Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Assistant Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6782

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Sharon O'Brien

Mailing Address 766 Marion Ave

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6039

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Sharon O'Brien

Mailing Address 766 Marion Ave

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6040

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6177

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6178

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6320

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City	State	Zip Code
Highland Park	IL	60035

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11AI.6321

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City	State	Zip Code
Highland Park	IL	60035

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: SA11AI.6495

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City	State	Zip Code
Highland Park	IL	60035

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: SA11AI.6496

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 104 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6497

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6650

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6651

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6783

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sharon O'Brien

Mailing Address 766 Marion Ave

City State Zip Code  
Highland Park IL 60035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6784

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6041

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6042

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6179

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6180

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6322

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6323

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6498

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6499

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6500

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6652

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 167

(check only one)

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

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HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6653

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6785

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Carl Olofson

Mailing Address 17 West Elm

City State Zip Code  
Roselle IL 60172

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6786

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.6043

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6181

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6324

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

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

240.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 167

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HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6501

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.6654

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Orfan

Mailing Address 29716 Orchard Bluff Lane

City State Zip Code  
Wadsworth IL 60083

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6787

Amount of Each Receipt this Period

80.00

Monthly payroll deduction

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

240.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6044

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6045

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6182

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 167

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6183

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6325

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6326

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 167

(check only one)

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

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**A.**

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Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6502

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6503

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6504

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 167

(check only one)

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

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Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6655

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6656

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6788

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Owens

Mailing Address 7477 Bittersweet Drive

City State Zip Code  
Gurnee IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6789

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Luann Pendy

Mailing Address 1484 Eagle Ridge Drive

City State Zip Code  
Antioch IL 60002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6329

Amount of Each Receipt this Period

210.00

Payroll deduction (done  
in error)

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6048

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

260.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6049

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6186

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6187

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6330

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6331

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6508

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City	State	Zip Code
Mundelein	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	9

Transaction ID: SA11AI.6509

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City	State	Zip Code
Mundelein	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: SA11AI.6510

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City	State	Zip Code
Mundelein	IL	60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	9

Transaction ID: SA11AI.6662

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6663

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6792

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Precht

Mailing Address 1229 Bradwell, Unit C

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6793

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City

Grayslake

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6334

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City

Grayslake

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6511

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City

Grayslake

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6512

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

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

39.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City State Zip Code  
Grayslake IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6513

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City State Zip Code  
Grayslake IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6664

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City State Zip Code  
Grayslake IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6665

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

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

39.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City State Zip Code  
Grayslake IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6794

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Elisabel Puskar

Mailing Address 2184 Maplewood Drive

City State Zip Code  
Grayslake IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6795

Amount of Each Receipt this Period

13.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6052

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

218.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6053

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6191

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6192

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6335

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6336

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6514

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6515

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6516

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6666

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 127 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6667

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6796

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Sumant Ramachandra

Mailing Address 16 Dorothy Lane

City State Zip Code  
Milltown NJ 08850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6797

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Radhakrishna Rao

Mailing Address 10 Westlake Drive

City State Zip Code  
South Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6669

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Radhakrishna Rao

Mailing Address 10 Westlake Drive

City State Zip Code  
South Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6798

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Radhakrishna Rao

Mailing Address 10 Westlake Drive

City State Zip Code  
South Barrington IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6799

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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



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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kristine Rapp

Mailing Address 12 Oxford Drive

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6522

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kristine Rapp

Mailing Address 12 Oxford Drive

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6670

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Kristine Rapp

Mailing Address 12 Oxford Drive

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6671

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 130 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Kristine Rapp

Mailing Address 12 Oxford Drive

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6800

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Kristine Rapp

Mailing Address 12 Oxford Drive

City State Zip Code  
Lincolnshire IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6801

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6059

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

88.46

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6060

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6197

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6199

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6341

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6342

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6523

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6524

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6525

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6672

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 134 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6673

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6802

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Juliana Reed

Mailing Address 2181 Chadwick Way

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6803

Amount of Each Receipt this Period

50.00

Bi-weekly payroll deducti-  
on

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 167

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)

Paul Rolfes

Mailing Address 2622 Park Place

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.6863

Amount of Each Receipt this Period

250.00

Personal check

B.

Full Name (Last, First, Middle Initial)

Christopher Sardi

Mailing Address 712 Hermitage Dr

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6805

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

C.

Full Name (Last, First, Middle Initial)

David L. Schwinke

Mailing Address 1104 Grant Place

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6676

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

288.46

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

David L. Schwinke

Mailing Address 1104 Grant Place

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6677

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

David L. Schwinke

Mailing Address 1104 Grant Place

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6806

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

David L. Schwinke

Mailing Address 1104 Grant Place

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6807

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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



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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2688.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6063

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6064

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6205

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City	State	Zip Code
Long Grove	IL	60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	9	

Transaction ID: SA11AI.6206

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City	State	Zip Code
Long Grove	IL	60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	9	

Transaction ID: SA11AI.6348

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City	State	Zip Code
Long Grove	IL	60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3648.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	9	

Transaction ID: SA11AI.6349

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6532

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4032.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6533

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6534

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6678

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6679

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6808

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

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

576.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Brian J. Smith

Mailing Address 4549 RFD Eleanor Drive

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6809

Amount of Each Receipt this Period

192.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia S. Swiatowiec

Mailing Address 805 S. Cumberland Avenue

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6813

Amount of Each Receipt this Period

15.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
A. Taj Syed

Mailing Address 1132 Jaimee Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6542

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

217.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

A. Taj Syed

Mailing Address 1132 Jaimee Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6543

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

A. Taj Syed

Mailing Address 1132 Jaimee Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6684

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

A. Taj Syed

Mailing Address 1132 Jaimee Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6685

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 143 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

A. Taj Syed

Mailing Address 1132 Jaimee Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6814

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

A. Taj Syed

Mailing Address 1132 Jaimee Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6815

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Frank Taber

Mailing Address 8023 - 102nd Ave

City

Pleasant Prairie

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6072

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

45.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6073

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6213

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6214

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

75.00

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



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

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6356

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City State Zip Code  
Pleasant Prairie WI 53158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6544

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on

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

85.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	9	

Transaction ID: SA11AI.6545

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	9	

Transaction ID: SA11AI.6546

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	9	

Transaction ID: SA11AI.6686

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on

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

90.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	9	

Transaction ID: SA11AI.6687

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	9	

Transaction ID: SA11AI.6816

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Frank Taber

Mailing Address 8023 - 102nd Ave

City	State	Zip Code
Pleasant Prairie	WI	53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: SA11AI.6817

Amount of Each Receipt this Period

30.00

Bi-weekly payroll deducti-  
on

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 148 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Oliver Vogt

Mailing Address 26757 Oakdale Lane

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6552

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Oliver Vogt

Mailing Address 26757 Oakdale Lane

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6690

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Oliver Vogt

Mailing Address 26757 Oakdale Lane

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6691

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 149 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Oliver Vogt

Mailing Address 26757 Oakdale Lane

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6820

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Oliver Vogt

Mailing Address 26757 Oakdale Lane

City State Zip Code  
Mundelein IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6821

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Waldron

Mailing Address 31180 Prairie Ridge Road

City State Zip Code  
Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6219

Amount of Each Receipt this Period

500.00

One-time payroll deduction

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

538.46

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

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

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

FOR LINE NUMBER: PAGE 150 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Larry R. Walters

Mailing Address 1516 Sonora Drive

City

McPherson

State

KS

Zip Code

67460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6555

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)

Larry R. Walters

Mailing Address 1516 Sonora Drive

City

McPherson

State

KS

Zip Code

67460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6692

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)

Larry R. Walters

Mailing Address 1516 Sonora Drive

City

McPherson

State

KS

Zip Code

67460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6693

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

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

57.69

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

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

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

FOR LINE NUMBER: PAGE 151 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Larry R. Walters

Mailing Address 1516 Sonora Drive

City State Zip Code  
McPherson KS 67460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6822

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Larry R. Walters

Mailing Address 1516 Sonora Drive

City State Zip Code  
McPherson KS 67460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6823

Amount of Each Receipt this Period

19.23

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6081

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

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

63.46

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

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

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

FOR LINE NUMBER: PAGE 152 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6082

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

25.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6224

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

146.15

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Thomas Werner

Mailing Address 1312 Vineyard Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	9

Transaction ID: SA11AI.6364

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on**B.**

Full Name (Last, First, Middle Initial)

Thomas Werner

Mailing Address 1312 Vineyard Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: SA11AI.6365

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on**C.**

Full Name (Last, First, Middle Initial)

Thomas Werner

Mailing Address 1312 Vineyard Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

Transaction ID: SA11AI.6556

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 154 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6557

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

976.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6558

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1073.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6694

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 155 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1169.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6695

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6824

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Werner

Mailing Address 1312 Vineyard Lane

City State Zip Code  
Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
SVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1361.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6825

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 156 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6560

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6561

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6696

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

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

FOR LINE NUMBER: PAGE 157 / 167

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.6697

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.6826

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Williams

Mailing Address 729 Brassie Club Drive

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6827

Amount of Each Receipt this Period

10.00

Bi-weekly payroll deducti-  
on

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

30.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 158 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

838.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.6085

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6086

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.6227

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 159 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1126.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1223.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.6368

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1319.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.6369

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 160 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1415.35

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.6562

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**B.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1511.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.6563

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

**C.**

Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hospira, Inc.

Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1607.65

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6564

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 167

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC**A.**Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City	State	Zip Code
Hawthorn Woods	IL	60047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1703.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.6698

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on**B.**Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City	State	Zip Code
Hawthorn Woods	IL	60047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1799.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.6699

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on**C.**Full Name (Last, First, Middle Initial)  
Valentine Yien

Mailing Address 46 Deerpoint Drive

City	State	Zip Code
Hawthorn Woods	IL	60047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospira, Inc.Occupation  
CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1896.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.6828

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 162 / 167

(check only one)

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

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NAME OF COMMITTEE (In Full)

HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Valentine Yien

Mailing Address 46 Deerpoint Drive

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospira, Inc.

Occupation

CVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1992.25

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6829

Amount of Each Receipt this Period

96.15

Bi-weekly payroll deducti-  
on

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

96.15

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

30205.56

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 167

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	<b>Transaction ID:</b> SB23.6834 <b>Date of Disbursement</b>
Mailing Address PO BOX 16664	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 9</div> </div>
City ARLINGTON State VA Zip Code 22215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name JOHN S MCCAIN	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	<b>Transaction ID:</b> SB23.6871 <b>Date of Disbursement</b>
Mailing Address PO BOX 76187 Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 6 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name SHERROD BROWN	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	<b>Transaction ID:</b> SB23.6874 <b>Date of Disbursement</b>
Mailing Address 313 C STREET NE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 0 9</div> </div>
City WASHINGTON State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Mrs. KIRSTEN ELIZABETH GILLIBRAND	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 167

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address PO Box 521048  
Suite A

City State Zip Code  
Salt Lake City UT 84152

Purpose of Disbursement  
Contribution

Candidate Name  
JAMES MATHESON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: SB23.6845

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
MELISSA BEAN FOR CONGRESS

Mailing Address PO BOX 3068

City State Zip Code  
BARRINGTON IL 60010

Purpose of Disbursement  
Contribution

Candidate Name  
MELISSA LUBURICH BEAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.6847

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code  
EVANSTON IL 60204

Purpose of Disbursement  
Contribution

Candidate Name  
JANICE D SCHAKOWSKY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.6873

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

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

**6500.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

A.

Full Name (Last, First, Middle Initial)  
Luann Pendy

Mailing Address 1484 Eagle Ridge Drive

City Antioch State IL Zip Code 60002

Purpose of Disbursement  
Refund of payroll deduction done in error  
Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.7146

Date of Disbursement

/   /

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

210.00

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

210.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 167

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HOSPIRA INC PAC LLC

**A.**

Full Name (Last, First, Middle Initial)

Connie Conway

Mailing Address 157 East Merritt Avenue

City State Zip Code  
Tulare CA 93274

Purpose of Disbursement  
Contribution

Candidate Name  
Connie Conway

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6860

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ed Hernandez, O.D.

Mailing Address 556 South Fair Oaks Avenue  
Suite 101-5

City State Zip Code  
Pasadena CA 91105

Purpose of Disbursement  
Contribution

Candidate Name  
Ed Hernandez

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB29.6842

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

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