

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

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<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)

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

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

A. Pomeroy, James, S.,

Mailing Address 430 E 29th Street

 City
 New York

 State
 NY

 Zip Code
 10016

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 BRISTOL-MYERS SQUIBB CO.

 Occupation (for Individual)
 Lead Corporate Branding and Patient

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-2190734

Amount of Each Receipt this Period

☐ Memo Item

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

B. Powell, Ann, M, Mrs.,

Mailing Address 430 E 29th Street

 City
 New York

 State
 NY

 Zip Code
 10016

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 BRISTOL-MYERS SQUIBB CO.

 Occupation (for Individual)
 Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

Transaction ID : A2019-2190496

Amount of Each Receipt this Period

☐ Memo Item

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

C. Powell, Ann, M, Mrs.,

Mailing Address 430 E 29th Street

 City
 New York

 State
 NY

 Zip Code
 10016

 FEC ID number of contributing
 federal political committee.

 Name of Employer (for Individual)
 BRISTOL-MYERS SQUIBB CO.

 Occupation (for Individual)
 Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2019

Transaction ID : A2019-2190740

Amount of Each Receipt this Period

☐ Memo Item

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

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