

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

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

FOR LINE NUMBER: PAGE 71 OF 637

(check only one)

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

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NAME OF COMMITTEE (In Full)

Zeneca. Inc. Political Action Committee (AZMEDIPAC)

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

A. Watt, Vernon, , ,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Women's Cancer Training Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2018

Transaction ID : AC1919956118B4D1CB4E

Amount of Each Receipt this Period

30.63

☐ Memo Item

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

B. Lehman, John, , ,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Regional Liaison Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2018

Transaction ID : A178932BE68034BC3BF8

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Schwartz, Kim, , ,

Mailing Address PO Box 15437

City
WilmingtonState
DEZip Code
19850-5437FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Executive Dsm

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2018

Transaction ID : A94CA4DB7B55149D4A00

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

50.63

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