

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

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NAME OF COMMITTEE (In Full)

**PFIZER INC. PAC**

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

**A. Cohen, Steven, R, ,**

Mailing Address 1 Giralda Farms

City  
Madison

State  
NJ

Zip Code  
07940-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer, Inc.

Occupation (for Individual)

Sr. Director, Respiratory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2018

**Transaction ID : 2018121210134-5292**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**B. Cohen, Steven, R, ,**

Mailing Address 1 Giralda Farms

City  
Madison

State  
NJ

Zip Code  
07940-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer, Inc.

Occupation (for Individual)

Sr. Director, Respiratory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : 2018122711135-5266**

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

**C. Cohn, Arthur, J, ,**

Mailing Address 500 Arcola Rd

City  
Collegeville

State  
PA

Zip Code  
19426-3982

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer, Inc.

Occupation (for Individual)

VPresident Leadership (M)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

**Transaction ID : 201811299415-4395**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

114.00