

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 790 OF 1162

☒ 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. Pearce, Douglas, W, ,**

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer Global Research And Developmen

Occupation (for Individual)

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 / 15 / 2019

**Transaction ID : 201911131096-2067**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Pearce, Douglas, W, ,**

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pfizer Global Research And Developmen

Occupation (for Individual)

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 / 29 / 2019

**Transaction ID : 201911269335-2058**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. Pearson, Christa, Beth, ,**

Mailing Address 235 East 42nd Street

City  
New York

State  
NY

Zip Code  
10017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Monarch Pharmaceuticals

Occupation (for Individual)

PHR Level 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

522.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2019

**Transaction ID : 201911131096-505**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

45.00