

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mylan Inc. Political Action Committee (MYPAC)**

**A. ALYCE D DASH**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 THERESA DR

City MORGANTOWN State WV Zip Code 26501-7053

FEC ID number of contributing federal political committee. **C**

Name of Employer Mylan Pharmaceuticals Inc. Occupation PROJECT MANAGER BUSINESS DEVELOPM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : PR2041541844898**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B. YVONNE M SHINKOVICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 210 Apolla Drive

City Morgantown State WV Zip Code 26501-7105

FEC ID number of contributing federal political committee. **C**

Name of Employer Mylan Pharmaceuticals Inc. Occupation SUPERVISOR LABEL CONTROL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : PR2041541944898**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C. 12/31/2015 E WHITAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3728 DEERFIELD STREET

City HIGH POINT State NC Zip Code 27265-9442

FEC ID number of contributing federal political committee. **C**

Name of Employer Mylan Pharmaceuticals Inc. Occupation MANAGER DISTRIBUTION OPERATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : PR2041544844898**

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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