

# **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)

**Gilead Sciences Inc Healthcare Policy PAC**

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

**A. Montoya, Daniel, C, ,**

Mailing Address 1800 E 4th St

City  
Austin

State  
TX

Zip Code  
78702-4447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gilead Sciences, Inc.

Occupation (for Individual)  
Director, FOCUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2020

**Transaction ID : 202005211795-35**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Morse, Richard, S, ,**

Mailing Address 4388 Miller Ct

City  
Palo Alto

State  
CA

Zip Code  
94306-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gilead Sciences, Inc.

Occupation (for Individual)  
Sr Director, Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2020

**Transaction ID : 2020050719495-21**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Morse, Richard, S, ,**

Mailing Address 4388 Miller Ct

City  
Palo Alto

State  
CA

Zip Code  
94306-4412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gilead Sciences, Inc.

Occupation (for Individual)  
Sr Director, Talent Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2020

**Transaction ID : 202005211795-21**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

125.00