

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 18
04/14/2000 10 : 33

1. NAME OF COMMITTEE (in full) Pfizer PAC		2. FEC IDENTIFICATION NUMBER C00016883
ADDRESS (number and street) 235 East 42nd St.	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE New York NY 10017		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		118346.27
(b) Cash on Hand at Beginning of Reporting Period	157219.50	
(c) Total Receipts (from line 19)	45059.74	112320.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	202279.24	230669.24
7. Total Disbursements (from line 30)	52979.09	81369.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	149300.15	149300.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Alan G. Levin		
Signature of Treasurer	Date 04/20/2000	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Pfizer PAC		REPORT COVERING PERIOD FROM 03/01/2000 TO: 03/31/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15570.28	28231.54	11.a.i.
ii. Unitemized	23704.47	77672.01	11.a.ii.
iii. Total	39274.75	103903.55	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	39274.75	103903.55	11.d.
12. Transfers From Affiliated/Other Party Committees	150.00	1785.85	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	5000.00	5000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	634.99	1621.07	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	45059.74	112320.87	19.
20. Total Federal Receipts	45059.74	112320.87	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	67.00	67.00	21.b.
c. Total Operating Expenditures	67.00	67.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	42500.00	87640.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	10412.09	13662.09	29.
30. Total Disbursements	52979.09	81369.09	30.
31. Total Federal Disbursements	52979.09	81369.09	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	39274.75	103903.55	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	39274.75	103903.55	34.
35. Total Federal Operating Expenditures	67.00	67.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	67.00	67.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 18
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR ROBERT W NORTON 6 OLD STONE BRIDGE RD COS COB CT 06807-1510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP-EMPLOYEE RESOURCES - PPG Aggregate Year-to-Date > \$ 547.11	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 182.37	
Full Name, Mailing Address, and ZIP Code MR JOHN W MITCHELL 235 E 42 ST C/O PFIZER INC NEW YORK NY 10017-5703 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP PPG;TEAM LDR GLOBAL MANUF Aggregate Year-to-Date > \$ 806.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 202.00	
Full Name, Mailing Address, and ZIP Code MR PAUL DEL BALSIO 16 SUTTON PLACE NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP-CORP TECH & SVCS Aggregate Year-to-Date > \$ 1530.24	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 147.25	
Full Name, Mailing Address, and ZIP Code MR GREGORY J HOUNSELL 183-18 99TH STREET HOWARD BEACH NY 11414-4038 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PRINCIPAL ENGINEER Aggregate Year-to-Date > \$ 215.10	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 54.70	
Full Name, Mailing Address, and ZIP Code MR ALAN G LEVIN 23 SKYLARK DRIVE SPRING VALLEY NY 10977 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP & TREASURER Aggregate Year-to-Date > \$ 1802.28	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 1597.29	
Full Name, Mailing Address, and ZIP Code MR CONSTANTINE L CLEMENTE 5 THE HIGH ROAD BRONXVILLE NY 10708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation EVP CORPORATE AFFAIRS Aggregate Year-to-Date > \$ 4062.95	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 3541.45	
Full Name, Mailing Address, and ZIP Code MR PHILIP J BANTORIELLA 14 BONNY DRIVE SOMERS NY 10589-2507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP INTL FIELD OPNS - PPG Aggregate Year-to-Date > \$ 869.24	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 110.75	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR RICHARD F REGGIO 2 MOUNTAIN CREST CORNWALL-ON-HUDSON NY 12520-1819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP/GRP LEADER - SALES Aggregate Year-to-Date > \$ 1309.87	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 121.29	
Full Name, Mailing Address, and ZIP Code MR DANIEL P CRONIN 24 WOODLAWN AVENUE NEW ROCHELLE NY 10804-4819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR ASST GEN COUNSEL Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code MR GARY N JORTNER 18 LONGLEDGE DRIVE RYE BROOK NY 10573-1945 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP PRDT DEV - PPG Aggregate Year-to-Date > \$ 1888.85	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 1578.45	
Full Name, Mailing Address, and ZIP Code MR ALLAN SHARFSTEIN 89 SUMMITWOOD LANE MT. KISCO NY 10549 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP-AUDIT Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code MR ROGER GIROTA 15704 HILL HOUSE RD CHESTERFIELD MO 63017-7215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL ACCOUNT MANAGER Aggregate Year-to-Date > \$ 268.62	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 54.04	
Full Name, Mailing Address, and ZIP Code MR JOHN F BRONZO MOHAWK TRAIL P O BOX 125 GOLDENS BRIDGE NY 10526-0129 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SENIOR CORPORATE COUNSEL Aggregate Year-to-Date > \$ 338.11	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 79.37	
Full Name, Mailing Address, and ZIP Code DR ROGER M SACHS 7 APACHE TRAIL WESTPORT CT 06890-1637 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP MEDICAL AFFAIRS Aggregate Year-to-Date > \$ 360.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 120.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		5 / 18
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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR RONALD S POMERANTZ 6 ASH LANE VALLEY STREAM NY 11581-1702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST DIR PHARM MFG Aggregate Year-to-Date > \$ 437.75	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 86.25	
Full Name, Mailing Address, and ZIP Code MR BRIAN W BARRETT 16 MIANUS BLUFF DRIVE BEDFORD NY 10506-9504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PRESIDENT, ANIMAL HEALTH GROUP Aggregate Year-to-Date > \$ 375.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code MR ROBERT M WALSH 13 LYNN DR LEDYARD CT 06339-1312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PROJECT MANAGEMENT ADVISOR Aggregate Year-to-Date > \$ 221.74	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 57.58	
Full Name, Mailing Address, and ZIP Code MR ROBERT F SHEYKA 403 WHITON ST JERSEY CITY NJ 07304-4128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PATENT ATTORNEY Aggregate Year-to-Date > \$ 268.10	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 70.20	
Full Name, Mailing Address, and ZIP Code MR DAVID L SHEDLARZ 265 E. 66TH STREET APT. 29C NEW YORK NY 10021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation EVP & CFO Aggregate Year-to-Date > \$ 4024.12	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 3502.62	
Full Name, Mailing Address, and ZIP Code MR JACK K PASINI 39 W WILDWOOD ROAD SADDLE RIVER NJ 07458 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP.GRP LDR-WW ANTI-INFECT GRP Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code MS CATHERINE P BENNETT 1323 KIRBY ROAD MC LEAN VA 22101-2410 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP FED TAX & TRADE LEGISLATION Aggregate Year-to-Date > \$ 838.99	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 87.50	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 18
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code MR WILLIAM G MC CREERY 36 AXTELL DRIVE SCARSDALE NY 10583-5602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 50.47	
	Occupation VP ADMIN & ASST SECY	Aggregate Year-to-Date > \$ 351.41		
	Full Name, Mailing Address, and ZIP Code MR MICHAEL K. FERER 2708 MOFFETT COURT PLANO TX 75093 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Pfizer Inc.
Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 583.34	Full Name, Mailing Address, and ZIP Code MR WILLIAM S CASH 452 BAYBERRY LANE MOUNTAINSIDE NJ 07092-1401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Pfizer Inc.	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.70		
Occupation SR DIR CLIN DATA INFO & OPNS	Aggregate Year-to-Date > \$ 740.60			
Full Name, Mailing Address, and ZIP Code MR SEAN P RAFFERTY 1111 LAKE BLUFF CIRCLE LOUISVILLE KY 40245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Pfizer Inc.	Date (month, day, year) 03/31/2000
Occupation SR CARDIOVAS HLTHCARE REP	Aggregate Year-to-Date > \$ 209.58	Full Name, Mailing Address, and ZIP Code MRS SUSAN A STANDER 8302 N MOCKINGBIRD LANE PARADISE VALLEY AZ 85253-2507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Pfizer Inc.	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 42.50		
Occupation SR PROFESSIONAL HLTHCARE CONS	Aggregate Year-to-Date > \$ 217.07			
Full Name, Mailing Address, and ZIP Code MR BO B JARNSTEDT 250 STANDWICH RD GREENWICH CT 06830 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Pfizer Inc.	Date (month, day, year) 03/31/2000
Occupation VP MKTG OPNS	Aggregate Year-to-Date > \$ 677.48	Full Name, Mailing Address, and ZIP Code MR KEITH M MCCOY 1901 COOPER LANE ALGONQUIN IL 60102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer Pfizer Inc.	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 500.00		
Occupation ASST TO REGIONAL MANAGER	Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR JAMES D WITHERSPOON 6432 RIVER TIDE DRIVE MEMPHIS TN 38120-2638 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL LOGISTICS DIRECTOR Aggregate Year-to-Date > \$ 419.87	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 64.79	
Full Name, Mailing Address, and ZIP Code MR JAMES E SKELLEY 2036 HIGHLAND DR. HOOVER AL 35244 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE CONS Aggregate Year-to-Date > \$ 210.38	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 49.58	
Full Name, Mailing Address, and ZIP Code MR LARRY C TURRENTINE 14509 BUTTERFIELD DRIVE EDMOND OK 73013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 358.49	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 87.29	
Full Name, Mailing Address, and ZIP Code MR MARK EDWARD WALGREN 3215 SUMMERFIELD GRAPEVINE TX 76051-6651 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 200.77	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 45.62	
Full Name, Mailing Address, and ZIP Code MR JAMES N BRAWLEY 71 WAYNE STREET #3 JERSEY CITY NJ 07302-3517 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASSOC DIR/TM LR PHARM DEV & TR Aggregate Year-to-Date > \$ 350.23	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 61.41	
Full Name, Mailing Address, and ZIP Code MS STACY J ANDERSON 994 WESTFIELD CIRCLE PEWAUKEE WI 53072-2574 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code MS KAREN L KATEN 425 EAST 58TH STREET APT. 22D NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP; EVP, PPG & PRES, US PHARM Aggregate Year-to-Date > \$ 812.68	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 281.16	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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NAME OF COMMITTEE (In Full) Pfizer PAC					
Full Name, Mailing Address, and ZIP Code MR CASEY D WOOD 16715 POLO FIELDS LN LOUISVILLE KY 40245		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 45.29
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 213.59			
Full Name, Mailing Address, and ZIP Code MR M. KENNETH BOWLER 11532 MANORSTONE LANE COLUMBIA MD 21044		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 140.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP-FEDERAL GOV'T RELATIONS			
		Aggregate Year-to-Date > \$ 388.65			
Full Name, Mailing Address, and ZIP Code MR J M RICHARDSON 64 E 80TH STREET APT 2R NEW YORK NY 10021-0243		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 109.75
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP ENVIR SAFE&HTH ASTGC&ASTSEC			
		Aggregate Year-to-Date > \$ 934.74			
Full Name, Mailing Address, and ZIP Code MR LARRY B SMITH 8 RICHMOND HILL DRIVE SPARTA NJ 07871-4003		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 75.16
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 350.10			
Full Name, Mailing Address, and ZIP Code MS MARJORIE C FINKELNBURG 108 N. WEST STREET ALEXANDRIA VA 22314-2710		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 54.12
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST DIR GOVT RELATIONS			
		Aggregate Year-to-Date > \$ 208.86			
Full Name, Mailing Address, and ZIP Code MR DEREK F G LEONG 461 ANOLANI STREET HONOLULU HI 96821		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 47.55
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PROFESSIONAL HEALTHCARE REP II			
		Aggregate Year-to-Date > \$ 214.73			
Full Name, Mailing Address, and ZIP Code MS SANDRA C JOHNSON 111 GLENDALE GARDEN DRIVE NASHVILLE TN 37204		Name of Employer Pfizer Inc.		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR			
		Aggregate Year-to-Date > \$ 225.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 18
			FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Pfizer PAC			
Full Name, Mailing Address, and ZIP Code MR ROBERT GERARD SCHWETJE 21 GRAVEL STREET MYSTIC CT 06355 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DIR EMPL RES-CR Aggregate Year-to-Date > 5 500.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code MR JOSEPH C JENSEN 400 EAST 58TH STREET APT. 4N, NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation AREA VICE PRES,EUROPEAN REGION Aggregate Year-to-Date > 8 300.00	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 100.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			15570.28

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 18
					FOR LINE NUMBER 12
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NAME OF COMMITTEE (In Full) Pfizer PAC					
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017		Name of Employer Pfizer PAC - State <hr/> Occupation		Date (month, day, year) 03/16/2000	Amount of Each Receipt This Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > 5 150.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					150.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 18
			FOR LINE NUMBER 16
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NAME OF COMMITTEE (In Full) Pfizer PAC			
Full Name, Mailing Address, and ZIP Code Senator Bob Kerrey 7602 Pacific Street Lower Level B 7602 Pacific St Omaha NE 68114	Name of Employer Occupation	Date (month, day, year) 03/30/2000	Amount of Each Receipt this Period 5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 5000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			5000.00

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 18
					FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Pfizer PAC					
Full Name, Mailing Address, and ZIP Code Wachovia Bank NA 301 North Church Street Winston-Salem NC 27150		Name of Employer		Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 634.99
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > 5 1621.07			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					634.99

SCHEDULE B		ITEMIZED DISBURSEMENTS		16 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code Congressman Bill Young Campaign Committee P.O. Box 47025 St. Petersburg FL 33743	Purpose of Disbursement Contribution: Bill Young (FL-1-D-R) Contribution: Bill Young (FL-10-R) House Bill Young (FL-10-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/21/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Friends of Max Baucus 203 C Street, NE Washington DC 20002	Purpose of Disbursement Contribution: Max Baucus (MT-D) Contribution: Max Baucus (MT-D) Senate Max Baucus (MT-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Bereuter for Congress P.O. Box 94794 Lincoln NE 68509	Purpose of Disbursement Contribution: Doug Bereuter (NE-1-R) Contribution: Doug Bereuter (NE-1-R) House Doug Bereuter (NE-1-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Friends of Connie Morella 7101 Wisconsin Avenue, Suite 102 Bethesda MD 20814	Purpose of Disbursement Contribution: Constance A. Morella (MD-S) Contribution: Constance A. Morella (MD-S) House Constance A. Morella (MD-S-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Pryce for Congress 1200 Trinity Drive Alexandria VA 22314	Purpose of Disbursement Contribution: Deborah Pryce (OH-15-R) Contribution: Deborah Pryce (OH-15-R) House Deborah Pryce (OH-15-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of John Tanner P.O. Box 3301 Alexandria VA 22302	Purpose of Disbursement Contribution: John S. Tanner (TN-9-D) Contribution: John S. Tanner (TN-9-D) House John S. Tanner (TN-9-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Tauzin Committee P.O. Box 1407 Thibodaux LA 70302	Purpose of Disbursement Contribution: Billy Tauzin (LA-3-R) Contribution: Billy Tauzin (LA-3-R) House Billy Tauzin (LA-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Rangel for Congress 2000 P.O. Box 5577 Manhattanville Station New York NY 10027	Purpose of Disbursement Contribution: Charles B. Rangel (NY-15-D) Contribution: Charles B. Rangel (NY-15-D) House Charles B. Rangel (NY-15-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Nelson 2000 301 4th Street, NE Suite 201 Washington DC 20002	Purpose of Disbursement Contribution: Ben E. Nelson (NE-D) Contribution: Ben E. Nelson (NE-D) Senate Ben E. Nelson (NE-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2000	Amount of Each Disbursement This Period 5000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 18
				FOR LINE NUMBER	23
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NAME OF COMMITTEE (In Full) Pfizer PAC					
Full Name, Mailing Address, and ZIP Code Friends of Dick Lugar 1100 W 42nd Street Suite 335 Indianapolis IN 46208	Purpose of Disbursement Contribution: Richard G. Lugar (IN-R) Contribution: Richard G. Lugar (IN-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/30/2008	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Levin for Congress 436 New Jersey Avenue, SE Washington DC 20003	Purpose of Disbursement Contribution: Sander M. Levin (MI-12-D) Contribution: Sander M. Levin (MI-12-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/31/2008	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Bob Franks for U.S. Senate 930 Stuyvesant Avenue Union NJ 07083	Purpose of Disbursement Contribution: Bob Franks (NJ-R) Contribution: Bob Franks (NJ-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 03/31/2008	Amount of Each Disbursement This Period 3500.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					42500.00

