

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

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

FOR LINE NUMBER: PAGE 22 OF 67

(check only one)

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

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research &amp; Manufacturers of America Better Government Committee

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

A. Stansel, James, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR2484227766171

Amount of Each Receipt this Period

1248.00

☐ Memo Item

P/R Deduction (\$104.00 Semi-Monthly)

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

B. Ha, Carolyn, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR2486212766171

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

C. Longo, Nicole, , ,

Mailing Address 950 F Street NW

City  
Washington

State  
DC

Zip Code  
20004-1438

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PhRMA

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR2503936466171

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

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

1848.00

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