

**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 23 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. WOLFE, ANNETTE, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3129 FAIRWAY DR
 City MORGANTOWN State WV Zip Code 26508-4566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mylan Pharmaceuticals Inc. Occupation (for Individual) Senior Director, NA Regional S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR575681554613
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. WORKMAN II, DAVID, LEE, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 WHITE OAK DR
 City MORGANTOWN State WV Zip Code 26505-2465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mylan Pharmaceuticals Inc. Occupation (for Individual) Head of Pricing and Contracts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2017
Transaction ID : PR575681854613
 Amount of Each Receipt this Period 70.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	5880.00