

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

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

FOR LINE NUMBER: PAGE 92 OF 140

(check only one)

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

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)

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

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

A. Pinter, John, , ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Head of Enterprise Architecture and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : A2019-3296476

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Pinter, John, , ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Head of Enterprise Architecture and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

Transaction ID : A2019-3296722

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Pomeroy, James, S, ,

Mailing Address 430 E 29th Street

City
New York

State
NY

Zip Code
10016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRISTOL-MYERS SQUIBB CO.

Occupation (for Individual)
Lead Corporate Branding and Patient

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 13 / 2019

Transaction ID : A2019-3296477

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

40.00