

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 274

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Zeneca. Inc. Political Action Committee (AZMEDIPAC)**

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

**A. Buckley, Richard, , ,**

Mailing Address PO Box 15437

City  
WilmingtonState  
DEZip Code  
19850-5437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)  
Vp Global Corporate Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3536.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

**Transaction ID : ADA20897D003E464B99D**

Amount of Each Receipt this Period

208.00

☐ Memo Item

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

**B. Hoffman, Beverly, , ,**

Mailing Address PO Box 15437

City  
WilmingtonState  
DEZip Code  
19850-5437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)  
Benralizumab Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

**Transaction ID : A37321DC5EE1F4FEB807**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Davis, William, , ,**

Mailing Address PO Box 15437

City  
WilmingtonState  
DEZip Code  
19850-5437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)  
National Clinical Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

**Transaction ID : A0D3C66B6533F4ED4B0E**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

248.00

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