

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Morgart, Rich, , ,**

Mailing Address PO Box 15437

City  
Wilmington

State  
DE

Zip Code  
19850-5437

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Global Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2018

**Transaction ID : A6F58387EFFE848AEAC1**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Davis, William, , ,**

Mailing Address PO Box 15437

City  
Wilmington

State  
DE

Zip Code  
19850-5437

FEC 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 ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2018

**Transaction ID : A7C8D762F5DD349CEB15**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Hoffman, Beverly, , ,**

Mailing Address PO Box 15437

City  
Wilmington

State  
DE

Zip Code  
19850-5437

FEC 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 ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2018

**Transaction ID : AFDA447424FF14A32AEF**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

55.00