

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

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

FOR LINE NUMBER: PAGE 808 OF 1184

(check only one)

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

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NAME OF COMMITTEE (In Full)

PFIZER INC. PAC

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

A. Pearce, Douglas, W, ,

Mailing Address 235 East 42nd Street

City
New York

State
NY

Zip Code
10017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pfizer Global Research And Developmen

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 2019122615135-2056

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Pearson, Christa, Beth, ,

Mailing Address 235 East 42nd Street

City
New York

State
NY

Zip Code
10017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Monarch Pharmaceuticals

Occupation (for Individual)

PHR Level 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

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

Transaction ID : 201912118536-502

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Pearson, Christa, Beth, ,

Mailing Address 235 East 42nd Street

City
New York

State
NY

Zip Code
10017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Monarch Pharmaceuticals

Occupation (for Individual)

PHR Level 4

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 2019122615135-502

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

60.00

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