

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

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

FOR LINE NUMBER: PAGE 63 OF 218

(check only one)

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

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NAME OF COMMITTEE (In Full)

UCB, INC. POLITICAL ACTION COMMITTEE

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

A. DAVIS, MICHAEL, , ,

Mailing Address 1950 LAKE PARK DRIVE

City  
SMYRNAState  
GAZip Code  
30080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UCB, INC.Occupation (for Individual)  
Head of U.S. Neurology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : INCA4854

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Drew, Brandon, , ,

Mailing Address 1950 Lake Park Drive

City  
SmyrnaState  
GAZip Code  
30080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UCB, Inc.Occupation (for Individual)  
Head, Fracture Demands Action Missio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : INCA4857

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Edwards, Larry, , ,

Mailing Address 1950 Lake Park Drive

City  
SmyrnaState  
GAZip Code  
30080FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UCB, Inc.Occupation (for Individual)  
Head of US iPVU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : INCA4877

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

105.00

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