

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

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

FOR LINE NUMBER: PAGE 166 OF 471

(check only one)

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

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NAME OF COMMITTEE (In Full)

Zeneca. Inc. Political Action Committee (AZPAC)

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

A. Griffin, Matthew, , ,

Mailing Address 35 Gatehouse Dr

City
WalthamState
MAZip Code
02451-1215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Histology Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.66

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2019

Transaction ID : AA95788DCD41C4163826

Amount of Each Receipt this Period

10.42

☐ Memo Item

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

B. Griffin, Matthew, , ,

Mailing Address 35 Gatehouse Dr

City
WalthamState
MAZip Code
02451-1215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Astrazeneca Pharmaceuticals L.P.Occupation (for Individual)
Histology Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

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

Transaction ID : A4CFE82A96C2B422CBFC

Amount of Each Receipt this Period

10.42

☐ Memo Item

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

C. Grimsley, Ginger, Ann, ,

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)
Diabetes DSM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2019

Transaction ID : A63F5CB08245143F395C

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

30.84

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