

**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)	PAGE 194 OF 1141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PFIZER INC. PAC**

**A. Skip Wayman Closson II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Perimeter Walk  
 Pfizer Regional Mgmt Office  
 City Atlanta State GA Zip Code 30338-7503  
 Name of Employer Pfizer Inc Occupation Sales/AM-2 Sls Rep-Pcare Ph  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : 2015112585246-2471**  
 Amount of Each Receipt this Period 10.00

**B. Jacqueline F. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6465 Greenwood Plaza Blvd  
 Ste 150  
 City Greenwood Village State CO Zip Code 80111-4935  
 Name of Employer Pharmacia & Upjohn Company Occupation Sales/AM-5 Ar/RegAcMgtPhar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt 11 / 13 / 2015  
**Transaction ID : 20151112112113-18**  
 Amount of Each Receipt this Period 25.00

**C. Jacqueline F. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6465 Greenwood Plaza Blvd  
 Ste 150  
 City Greenwood Village State CO Zip Code 80111-4935  
 Name of Employer Pharmacia & Upjohn Company Occupation Sales/AM-5 Ar/RegAcMgtPhar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : 2015112585246-18**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶