

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

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

FOR LINE NUMBER: PAGE 96 OF 173

(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. Lee, Jung, H, Ms,**

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)  
Sr Director, Medical Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.29

Date of Receipt

06 / 30 / 2019

**Transaction ID : AC69452A843284764B6C**

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

**B. Levitt, Anne, , ,**

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)  
SR. Pss

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2019

**Transaction ID : ABB8596189BDC490A9FD**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Levitt, Anne, , ,**

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)  
SR. Pss

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : A484B8C7195C54AA9812**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

121.67