

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 44 OF 327

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PFIZER INC. PAC

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

A. Clavelli, Victor, M, ,

Mailing Address 235 E 42nd St

Pfizer Inc

City

New York

State

NY

Zip Code

10017-5703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pfizer Inc

Occupation (for Individual)

Reg Pres,NA - I&I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2018

Transaction ID : 2018043012535-1576

Amount of Each Receipt this Period

104.17

☐ Memo Item

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

B. Cohen, Steven, R, ,

Mailing Address 1 Giralda Farms

City

Madison

State

NJ

Zip Code

07940-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pfizer, Inc.

Occupation (for Individual)

Sr. Director, Respiratory

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2018

Transaction ID : 2018041311256-4912

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

C. Cohen, Steven, R, ,

Mailing Address 1 Giralda Farms

City

Madison

State

NJ

Zip Code

07940-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pfizer, Inc.

Occupation (for Individual)

Sr. Director, Respiratory

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2018

Transaction ID : 2018043012535-4906

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

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

188.17