

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 46
08/18/1999 15 : 24

1. NAME OF COMMITTEE (in full) Pfizer PAC		2. FEC IDENTIFICATION NUMBER C00016883
ADDRESS (number and street) 235 East 42nd St.	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE New York NY 10017		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input checked="" type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1999</u> through <u>07/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		64831.40
(b) Cash on Hand at Beginning of Reporting Period	70851.58	
(c) Total Receipts (from line 19)	28772.35	207942.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99623.93	272573.93
7. Total Disbursements (from line 30)	20200.00	193150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79423.93	75423.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Alan G. Levin		
Signature of Treasurer	Date 08/20/1999	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Pfizer PAC		REPORT COVERING PERIOD FROM 07/01/1999 TO: 07/31/1999	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15063.98	89432.61	11.a.i.
ii. Unitemized	13708.37	136459.82	11.a.ii.
iii. Total	28772.35	205892.53	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	28772.35	205892.53	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	2050.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	28772.35	207942.53	19.
20. Total Federal Receipts	28772.35	207942.53	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	18750.00	188350.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	3450.00	24800.00	29.
30. Total Disbursements	20200.00	193150.00	30.
31. Total Federal Disbursements	20200.00	193150.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	28772.35	205892.53	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	28772.35	205892.53	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR OWEN BRAGDON HUGHES 215 COVE ROAD STONINGTON CT 06378	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00
	Occupation SR CORP COUNSEL A	Aggregate Year-to-Date > \$ 350.00	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR DAVID F ERINAKES 13245 ATLANTIC BLVD BLDG 4 #395 JACKSONVILLE FL 32225	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 318.61	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR C. DEAN B MAGLARIS 84 BEACON HILL LANE NEW CANAAN CT 06840-6814	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00
	Occupation ALLIANCE GENERAL MANAGER	Aggregate Year-to-Date > \$ 350.00	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR THOMAS T BRAND JR 25 WEST ELM STREET, UNIT 57 GREENWICH CT 06830	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 98.95
	Occupation VP/TEAM LEADER - PGE	Aggregate Year-to-Date > \$ 1171.49	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR GARY ANDREW WROBEL 521 SORENSON TRAIL KELLER TX 76248	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation ASST TO REGIONAL MANAGER	Aggregate Year-to-Date > \$ 208.35	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR ROBERT W NORTON 8 OLD STONE BRIDGE RD COS COB CT 06807-1510	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 172.37
	Occupation SVP-EMPLOYEE RESOURCES - PPG	Aggregate Year-to-Date > \$ 1186.63	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR GEORGE W EVANS 17 IRVING PLACE PELHAM NY 10803-2208	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00
	Occupation SR ASST GEN COUNSEL	Aggregate Year-to-Date > \$ 350.00	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	4 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR JOHN W MITCHELL 235 E 42 ST C/O PFIZER INC NEW YORK NY 10017-5703		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 187.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SVP-MANUFACTURING WWW PHARM			
		Aggregate Year-to-Date > \$ 1312.50			
Full Name, Mailing Address, and ZIP Code MR WILLIAM H. CATTLEY 8258 3 LAKES DRIVE BRIGHTON MI 48116		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MR SEAN M MCCORMACK 2753 RIDERWOOD LANE MARIETTA GA 30062		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST TO REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 238.35			
Full Name, Mailing Address, and ZIP Code MRS TRACY MULLIGAN 14 OAKRIDGE DR FRANKLIN MA 02038		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 28.54
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PED OB/GYN REP			
		Aggregate Year-to-Date > \$ 278.49			
Full Name, Mailing Address, and ZIP Code DR ANTHONY J MILICI 17 CHAPEL DR BRANFORD CT 06405-5614		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR RES INVEST - BIOLOGY			
		Aggregate Year-to-Date > \$ 308.80			
Full Name, Mailing Address, and ZIP Code MS LAURIE L SCHEMENAUR 4907 TURTLE CREEK TR OLDSMAR FL 34877		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 218.35			
Full Name, Mailing Address, and ZIP Code DR MICHAEL DAVID MILLER 3280 MARTHA CUSTIS DRIVE ALEXANDRIA VA 22302-2112		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DIRECTOR FEDERAL RELATIONS			
		Aggregate Year-to-Date > \$ 315.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MS ARMELDE H PITRE 35 BARON DR LISBON CT 06351-2802	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 25.34
	Occupation SR ASSOC DIR - CLIN RES	Aggregate Year-to-Date > \$ 215.65	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR CHRISTOPHER J STEERE 4111 SAN CARLOS UNIVERSITY PARK TX 75205	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation STATE GOVT REL MGR	Aggregate Year-to-Date > \$ 270.02	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR RAYMOND C JORDAN ONE ELMSTEAD LANE WESTPORT CT 06880-6302	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 35.00
	Occupation VP ISSUES MGMT & COMMUNICATION	Aggregate Year-to-Date > \$ 245.00	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR PAUL DEL BALSO 2500 JOHNSON AVE RIVERDALE NY 10463-4925	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 138.79
	Occupation VP-CORP TECH & SVCS	Aggregate Year-to-Date > \$ 1929.40	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR EDWARD J FENNESSY JR 105 SCHOOL ROAD MONROE NY 10950	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 33.67
	Occupation SHIFT TEAM LEADER	Aggregate Year-to-Date > \$ 252.58	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR GREGORY J HOUNSELL 163-16 99TH STREET HOWARD BEACH NY 11414-4036	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 53.00
	Occupation PRINCIPAL ENGINEER	Aggregate Year-to-Date > \$ 410.00	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MR ALAN G LEVIN 23 SKYLARK DRIVE SPRING VALLEY NY 10977	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 152.50
	Occupation VP & TREASURER	Aggregate Year-to-Date > \$ 2284.82	
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR FREDERICK W TELLING 22 BRIARWOOD COURT WOODCLIFF LAKE NJ 07675-7602	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00
	Occupation VP CORP STRAT PLNG & POLICY		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code MR MATTHEW W LUSTIG 2355 BRIARLEIGH WAY DUNWOODY GA 30336	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.87
	Occupation ASST TO REGIONAL MANAGER		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 301.34			
Full Name, Mailing Address, and ZIP Code MR MICHAEL P TARNOK 7 BRENTWOOD COURT MT. KISCO NY 10540	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 40.00
	Occupation VP FINANCE-PHARM		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code MR NATALE RICCIARDI 9 COPPER BEACH ROAD GREENWICH CT 06830	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00
	Occupation VP/AREA TEAM LDR - US		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code MR CONSTANTINE L CLEMENTE 5 THE HIGH ROAD BRONXVILLE NY 10708	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 260.75
	Occupation EVP CORPORATE AFFAIRS		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 4890.65			
Full Name, Mailing Address, and ZIP Code MR PHILIP J SANTORIELLA BONNY DRIVE SOMERS NY 10589-2507	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 108.54
	Occupation VP INTL FIELD OPNS - PPG		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1233.74			
Full Name, Mailing Address, and ZIP Code MS NANCY L WOLK 1925 GREYSTONE ROAD NW ATLANTA GA 30318	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.87
	Occupation REGIONAL MANAGER		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 238.35			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		7 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR RICHARD F REGGIO 2 MOUNTAIN CREST CORNWALL-ON-HUDSON NY 12520-1819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP/GRP LEADER - SALES Aggregate Year-to-Date > \$ 1528.57	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 116.54	
Full Name, Mailing Address, and ZIP Code MR MICHAEL A MILANO 3504 BELLINGTON DR ORLANDO FL 32835 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR LOUIS E. BURKE 1807 MESQUITE COURT SOUTHLAKE TX 76092 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR EDWARD R HEINTZ 248 AMANDA PINES DRIVE PARKER CO 80138 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation STATE GOVT REL MGR Aggregate Year-to-Date > \$ 218.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS DEE LYNN MAHONEY 5290 ASHLEY TRACE ATLANTA GA 30360 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DANIEL P CRONIN 24 WOODLAWN AVENUE NEW ROCHELLE NY 10804-4819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR ASST GEN COUNSEL Aggregate Year-to-Date > \$ 525.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code MR SCOTT MORRISON PFIZER PHARM GRP NON-US BASED EMP Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DIRECTOR - BUSINESS TECH Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR GARY N JORTNER 18 LONGLEDGE DRIVE RYE BROOK NY 10573-1845		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 154.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SVP PRDT DEV - PFG			
		Aggregate Year-to-Date > \$ 2394.74			
Full Name, Mailing Address, and ZIP Code MR ALLAN SHARFSTEIN 89 SUMMITWOOD LANE MT. KISCO NY 10549		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP-AUDIT			
		Aggregate Year-to-Date > \$ 520.00			
Full Name, Mailing Address, and ZIP Code MR ROGER SIROTA 15704 HILL HOUSE RD CHESTERFIELD MO 63017-7213		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.29
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL ACCOUNT MANAGER			
		Aggregate Year-to-Date > \$ 412.80			
Full Name, Mailing Address, and ZIP Code MRS LYDIA R TAGGART 14802 CHARTERHOUSE LANE HUNTERSVILLE NC 28078		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 51.16
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PROFESSIONAL HEALTHCARE REP I			
		Aggregate Year-to-Date > \$ 420.46			
Full Name, Mailing Address, and ZIP Code MR JOHN F BRONZO MOHAWK TRAIL P O BOX 129 GOLDENS BRIDGE NY 10526-0129		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 76.66
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SENIOR CORPORATE COUNSEL			
		Aggregate Year-to-Date > \$ 626.62			
Full Name, Mailing Address, and ZIP Code DR ROGER M SACHS 7 APACHE TRAIL WESTPORT CT 06880-1837		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SVP MEDICAL AFFAIRS			
		Aggregate Year-to-Date > \$ 840.00			
Full Name, Mailing Address, and ZIP Code MR RONALD S POMERANTZ 6 ASH LANE VALLEY STREAM NY 11581-1702		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 81.58
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST DIR PHARM MFG			
		Aggregate Year-to-Date > \$ 718.08			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR BRIAN W BARRETT 16 MIANUS BLUFF DRIVE BEDFORD NY 10506-9504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 125.00	
	Occupation PRESIDENT, ANIMAL HEALTH GROUP	Aggregate Year-to-Date > \$ 875.00		
	Full Name, Mailing Address, and ZIP Code MS NINA M HILL 420 EAST 72ND STREET NEW YORK NY 10021-4815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Pfizer Inc.
Occupation DIR CIVIC AFFAIRS		Aggregate Year-to-Date > \$ 470.00		
Full Name, Mailing Address, and ZIP Code DR JOHN E WOLLEBEN 54 STEPHENS ROAD TAPPAN NY 10983-2300 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 40.00
Occupation SVP, REGULATORY AFFS		Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code DR ALLEN J SPIEGEL 12 BRIAR HILLS CIRCLE SPRINGFIELD NJ 07081-3405 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	
Occupation DIR FOREIGN PATENTS B		Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code MR PETER J LYNCH WINTERBERRY RD BOX 461 GLENHAM NY 12527-0461 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 40.00
Occupation SR DISTRICT MANAGER		Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code MR JAMES ANTHONY GATES 12105 WEST CENTER ROAD #287 OMAHA NE 68144 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	
Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 218.35		
Full Name, Mailing Address, and ZIP Code MR RALPH S HIGHTOWER 1-0 LAKEBIDE DR LEDYARD CT 06330 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 37.12
Occupation EMPLOYEE RESOURCES SUPERVISOR		Aggregate Year-to-Date > \$ 278.34		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR RICHARD HARTVIG BAGGER 813 STEVENS AVENUE WESTFIELD NJ 07090-1368		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DIRECTOR STATE CORP AFFAIRS		Aggregate Year-to-Date > \$ 275.02	
Full Name, Mailing Address, and ZIP Code MR ROBERT MULLEN 239 SPRING RUN LANE DOWNTOWN PA 19335-4409		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP BUSINESS DEVEL - AHG		Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code MR BENJAMIN PARADEE 506 POTOMAC PLACE SOUTHLAKE TX 76092-8006		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER		Aggregate Year-to-Date > \$ 248.35	
Full Name, Mailing Address, and ZIP Code MR ROBERT M WALSH 13 LYNN DR LEDYARD CT 06339-1312		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 55.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PROJECT MANAGEMENT ADVISOR		Aggregate Year-to-Date > \$ 437.50	
Full Name, Mailing Address, and ZIP Code MR ROBERT L COOK 5426 E. HARTFORD AVE SCOTTSDALE AZ 85254		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR THOMAS C KOENIG 448 RIDGE CIRCLE BRANDON MS 39047		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR ROBERT F SHEYKA 403 WHITON ST JERSEY CITY NJ 07304-4128		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 67.81
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR PATENT ATTORNEY		Aggregate Year-to-Date > \$ 530.37	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR DAVID L SHEOLARZ 265 E. 66TH STREET APT. 29C NEW YORK NY 10021		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 260.75
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation EVP & CFO			
		Aggregate Year-to-Date > \$ 4618.07			
Full Name, Mailing Address, and ZIP Code MR JACK K PASINI 39 W WILDWOOD ROAD SADDLE RIVER NJ 07456		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP.GRP LDR-WW ANTI-INFECT GRP			
		Aggregate Year-to-Date > \$ 700.00			
Full Name, Mailing Address, and ZIP Code MS CATHERINE P BENNETT 1323 KIRBY ROAD MC LEAN VA 22101-2410		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 83.62
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP FED TAX & TRADE LEGISLATION			
		Aggregate Year-to-Date > \$ 898.22			
Full Name, Mailing Address, and ZIP Code MR THOMAS A. SALAMONE 213 HIGHLAND AVENUE SLEEPY HOLLOW NY 10591-1437		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MS ANDREA GOMEZ 171 EAST 84TH STREET APT 21-E NEW YORK NY 10028		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation MARKETING MGR			
		Aggregate Year-to-Date > \$ 211.68			
Full Name, Mailing Address, and ZIP Code MR DIRK K BARRETT JR 173 OLD POST ROAD NORTH CROTON-ON-HUDSON NY 10520		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SENIOR CORPORATE COUNSEL			
		Aggregate Year-to-Date > \$ 210.00			
Full Name, Mailing Address, and ZIP Code DR DOUGLAS O FISHER 59 OLD POST RD RR #5 WAKEFIELD RI 02870		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 45.70
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR ASSOC DIR CLIN RES			
		Aggregate Year-to-Date > \$ 358.40			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		12 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR K ALAN GREENSMITH 4615 WICKFORD CIRCLE ROSWELL GA 30075-5733 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 258.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR KEITH WOOLLEY 1153 LAFAYETTE STREET DENVER CO 80216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 378.60	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 44.70	
Full Name, Mailing Address, and ZIP Code MR STEWART W MOSEBROOK 155 REGENTS PARK WESTPORT CT 06880-5530 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP/GRP LEADER - SALES Aggregate Year-to-Date > \$ 875.00	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code MR ALBERT DE RENZO 1805 EAGLE NEST CIR. WINTER SPRINGS FL 32708-5920 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MICHAEL J LAJEUNESSE 4121 N.E. 23RD TERRECE LIGHTHOUSE POINT FL 33064 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR STEPHEN BARRY HARR 168 HOOK ROAD BEDFORD NY 10506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP STRATEGIC PLANNING - AHG Aggregate Year-to-Date > \$ 281.67	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR WILLIAM E PELTON 40 MYSTIC DRIVE OSSINING NY 10562 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP SALES-NHO SALES & CLIN EDUC Aggregate Year-to-Date > \$ 255.02	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	13 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR JOSHUA A KALKSTEIN 76 LIBRARY ST. MYSTIC CT 06355-2420		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR CORP COUNSEL A			
		Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code MRS DORIE W HARDESTY 5810 TRAIL LAKE DR ARLINGTON TX 76016-1509		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 28.68
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PROFESSIONAL HEALTHCARE REP II			
		Aggregate Year-to-Date > \$ 281.36			
Full Name, Mailing Address, and ZIP Code MR PATRICK JOSEPH COONEY 20 LAKE SHORE DRIVE LAWRENCEVILLE NJ 08648-4905		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASSISTANT TREASURER			
		Aggregate Year-to-Date > \$ 325.00			
Full Name, Mailing Address, and ZIP Code DR MICHAEL W HODIN 257 W 86TH ST APT 5A NEW YORK NY 10024-3421		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP CORP AFFS			
		Aggregate Year-to-Date > \$ 245.00			
Full Name, Mailing Address, and ZIP Code MR WILLIAM G MC CREERY 36 AXTELL DRIVE SCARSDALE NY 10583-5602		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.47
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP ADMIN & ASST SECY			
		Aggregate Year-to-Date > \$ 549.96			
Full Name, Mailing Address, and ZIP Code MR ROBERT A BORELLO 2818 BRIDLEWOOD STREET NW NORTH CANTON OH 44720-7824		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 48.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 270.00			
Full Name, Mailing Address, and ZIP Code MR JAMES P MARZEC 1467 COURSE VIEW DR ORANGE PARK FL 32073		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 238.35			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		14 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR SAMUEL ROSS 598 DIRLAM LANE MANSFIELD OH 44904-1721 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PED OB/GYN REP Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code MR JAN G NOBERS 316 INDIAN RIDGE DR CORAOPOLIS PA 15106-1374 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR SAMUEL J. BARRY 4638 NW HUBERIK DRIVE PORTLAND OR 97229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JAMES G BEZILA 920 TREYBURN RUN ALPHARETTA GA 30004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JOHN A CURRIE 1793 N HARTWELL MANOR LANE COLLIERVILLE TN 39017-0836 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE REP Aggregate Year-to-Date > \$ 545.07	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 78.62	
Full Name, Mailing Address, and ZIP Code MR PATRICK J SANTELLI 2913 SWANSEA CRESCENT EAST ALLISON PARK PA 15101-1559 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MICHAEL K. FERER 2708 MOFFETT COURT PLANO TX 75093 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 46
				FOR LINE NUMBER	11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR DAVID A PARKER 1463 HARBORSUN DRIVE CHARLESTON SC 29412		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 36.85
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR INST HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 338.94			
Full Name, Mailing Address, and ZIP Code MR MICHAEL PEAKS 8787 SOUTHSIDE BLVD APT 3313 JACKSONVILLE FL 32256		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MR THOMAS GRIESMER 8639 STABLEMILL LANE CORDOVA TN 38018		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MR GEORGE E JACKSON 858 CYPRESS ST THOUSAND OAKS CA 91320		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR CARDIOVAS HLTHCARE REP			
		Aggregate Year-to-Date > \$ 210.00			
Full Name, Mailing Address, and ZIP Code MR RICHARD L FERGUSON 6323 HIGHGATE PLACE LEWIS CENTER OH 43035-5055		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MS KIMBERLY D HARKER 223 LA PRADO PLACE HOMEWOOD AL 35209		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MR JOHN ROBERT HOOTEN, JR 712 ASHLEY GLEN LANE ALPHARETTA GA 30022		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation CARDIOVASCULAR HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 205.01			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		16 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR CHARLES E RODGERS 131 EASTPOINTE CIRCLE MADISON MS 39110-7850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 218.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR GARY L WOODWARD 2527 WINTERBROOKE DRIVE MATTHEWS NC 28105-8834 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR INST HEALTHCARE REP Aggregate Year-to-Date > \$ 316.46	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 34.62	
Full Name, Mailing Address, and ZIP Code MR GEORGE T PIPPIN III 1628 RED CYPRESS DRIVE JACKSONVILLE FL 32223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR CHARLES A EZELL 1300 THISTLEDOWN DRIVE PLANO TX 75095 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL TRAINING DIRECTOR Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JAMES L DAVIS P.O. BOX 4728 CAVECREEK AZ 85327 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR FRANCIS A CLARKSON 215 LAKE VISTA DRIVE CHAPIN SC 29036-8471 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR WILLIAM D KIRKLAND PFIZER PHARM GRP NON-US BASED EMP Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SALES TRAINING MGR Aggregate Year-to-Date > \$ 288.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR WOODROW W GOODSON JR 5610 DYE DRIVE ARLINGTON TX 76013-6230		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 248.35	
Full Name, Mailing Address, and ZIP Code MR HENRY F ALLEN 21842 BURNING TREE CT KILDEER IL 60147-2904		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER		Aggregate Year-to-Date > \$ 265.02	
Full Name, Mailing Address, and ZIP Code MR STEPHEN J GOODWIN 1211 BROOK KNOLL PLACE LAWRENCEVILLE GA 30043-6401		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 248.35	
Full Name, Mailing Address, and ZIP Code MR CLAUDE BALDWIN, IV 196 SECRET COVE DRIVE LEXINGTON SC 29072		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR DWAYNE E WRIGHT 3096 CANTER WAY DULUTH GA 30097		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR STEVEN L OWEN 5615 BUCKLEIGH POINTE SUWANEE GA 30024		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR JOHN W STRANGE 400 PERIMETER CENTER TERRACE SUITE 700 ATLANTA GA 30346-1227		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER		Aggregate Year-to-Date > \$ 358.35	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	18 / 46
				FOR LINE NUMBER	11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR R GREGORY JONES 2004 EAGLE POINT COURT BIRMINGHAM AL 35242	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MR GEORGE C DOSS 114 CHERRY CREEK CIRCLE WINTER SPRINGS FL 32706	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MR JEFFREY H ALEXANDER 10837 FERNBROOK AVE BATON ROUGE LA 70808	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 42.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation CARDIOVASCULAR HEALTHCARE REP	Aggregate Year-to-Date > \$ 294.00			
Full Name, Mailing Address, and ZIP Code MR JOE J BRUS 5935 CHERRY OAK DRIVE VALRICO FL 33594	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MR MARK RANDALL WILLIAMSON 1912 MYLEEN PLACE OLD HICKORY TN 37138	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 218.35			
Full Name, Mailing Address, and ZIP Code MR JAMES C RABY 501 KNIGHTS RUN AVENUE APT 5105 TAMPA FL 33802	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation SR DISTRICT MANAGER	Aggregate Year-to-Date > \$ 251.67			
Full Name, Mailing Address, and ZIP Code MR THOMAS H JENKINS 12111 CHEVENING COURT SAN ANTONIO TX 78231-2407	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation SR DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR FOREST T HARPER 4 CARDINAL DRIVE PRINCETON JUNCTION NJ 08550-2120	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 10.00
	Occupation VP SALES-ROERIG	Aggregate Year-to-Date > \$ 570.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MS LAURA F LANG 1204 S.E. 6TH STREET FT. LAUDERDALE FL 33301-3050	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MS BECKY S BROSCHE 902 INDEPENDENCE PKWY SOUTHLAKE TX 76092	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation REGIONAL MANAGER	Aggregate Year-to-Date > \$ 258.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR GEORGE M ZORRILLA 755 FALLS LANDING COURT ALPHARETTA GA 30022	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation REGIONAL MANAGER	Aggregate Year-to-Date > \$ 228.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR RALPH K CHESTER 621 LAKE CREST DRIVE HOOVER AL 35226	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR ROBERT C WEBER 1001 OLD HARRODS CRK ANCHORAGE KY 40225	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.68	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR FRANK M SOONICAR 8417 SETTLERS PASSAGE BRECKSVILLE OH 44141-1352	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.00
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		20 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR THOMAS M KILKER III 2667 BONAIRE TERRACE MARIETTA GA 30066 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST TO REGIONAL MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MICHAEL D BOYD 2836 N. OHIO STREET ARLINGTON VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST DIR GOVT RELATIONS Aggregate Year-to-Date > \$ 341.12	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 45.16	
Full Name, Mailing Address, and ZIP Code MR DUANE C PUTNAM 215 BRAMPTON LANE LAKE FOREST IL 60045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 260.02	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR WILLIAM S CASH 452 BAYBERRY LANE MOUNTAINSIDE NJ 07092-1401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DIR CLIN DATA INFO & OPNS Aggregate Year-to-Date > \$ 1030.11	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 94.70	
Full Name, Mailing Address, and ZIP Code MR CLAUDE Y SUMMERS 117 GOLFVIEW DRIVE ELDRIDGE IA 52748-2009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 222.36	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR KERRY G HERTENSTEIN 4 VILLAGE COURT EAST LYME CT 06333-1200 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PLANT MGR. GROTON Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code MR PAUL GERARD YEAGER 2317 KNOWLTON DR WEST DUNDEE IL 60118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST TO REGIONAL MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	21 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR LARRY M SABINO 6811 TYLERVILLE RD #9 WEST CHESTER OH 45069		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MR CHARLES L HARDWICK 25 EAST 63RD STREET NEW YORK NY 10026-0421		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP-GOVT & PUBLIC AFFS			
		Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code MR GREGORY WIRTH 9564 SPRINGWATER LANE MIAMISBURG OH 45342-4550		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR PROFESSIONAL HLTHCARE REP			
		Aggregate Year-to-Date > \$ 214.35			
Full Name, Mailing Address, and ZIP Code MR MICHAEL L KRAFT 338 PEBBLE BEACH LANE BARTLETT IL 60109-4077		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 258.35			
Full Name, Mailing Address, and ZIP Code MR LAWRENCE D YARCHECK 12 GREENBRIER COURT LAKE IN THE HILLS IL 60102-4488		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 310.00			
Full Name, Mailing Address, and ZIP Code MR CARL W JOHNSTON 25 BRANCHVILLE ROAD RIDGFIELD CT 06877		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR MARKETING MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MR RICHARD P BALLARD 924 MAPLE AVENUE TERRE HAUTE IN 47804-2837		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 31.37
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR BUYER			
		Aggregate Year-to-Date > \$ 228.83			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		22 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MS JULIE ELIZABETH BROWN 23195 MYSTIC FOREST DR NOVI MI 48375 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.68	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR STEPHAN A RISLEY 6479 ADMIRALS LANDING WAY INDIANAPOLIS IN 46236-8300 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 238.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JOHN S RAY 8383 BRANDON CIRCLE MATTAWAN MI 48071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE CONS Aggregate Year-to-Date > \$ 282.88	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 22.66	
Full Name, Mailing Address, and ZIP Code MR DANNY J COLLIER 3 FOREST HILL DRIVE SPARTA NJ 07871 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP, SALES-SPECIALTY Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS KATHRYN A BISKA 7 E 66TH ST KANSAS CITY MO 64113-7245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PROFESSIONAL HEALTHCARE REP II Aggregate Year-to-Date > \$ 281.26	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 30.63	
Full Name, Mailing Address, and ZIP Code MR SEAN P RAFFERTY 1111 LAKE BLUFF CIRCLE LOUISVILLE KY 40245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation CARDIOVASCULAR HEALTHCARE REP Aggregate Year-to-Date > \$ 396.89	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR B. SCOTT JONES 107 CHRISTI PLACE PLEASANT VIEW TN 37146 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE REP Aggregate Year-to-Date > \$ 281.11	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 29.54	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		23 / 46
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR MAHENDRA N SAHADEO 15200 IRON HORSE CIRCLE LEAWOOD KS 65224 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS SUSAN A STANDER 8302 N MOCKINGBIRD LANE PARADISE VALLEY AZ 85255-2507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE CONS Aggregate Year-to-Date > \$ 353.68	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 39.37	
Full Name, Mailing Address, and ZIP Code MR PAUL A ENGEL 9564 E MAPLEWOOD CIRCLE ENGLEWOOD CO 80111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 214.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR STEPHEN T REMY 22311 N. BROOKSIDE WAY LAKE BARRINGTON IL 60010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code DR JOSEPH M FECZKO 234 EAST 49 STREET NEW YORK NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP-MED/REGULATORY OPNS-PRG Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code MRS DEBORAH A SMITH-CALLAHAN 4655 CANDACRAIG RD ALPHARETTA GA 30022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DIR STATE GOVT RELATIONS Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR BO B JARNSTEDT 250 STANDWICH RD GREENWICH CT 06830 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP MKTG OPNS Aggregate Year-to-Date > \$ 1032.12	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 89.16	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		24 / 46	
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1	
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 PAC					
Full Name, Mailing Address, and ZIP Code DR KRISTINE W CORYELL 680 LAKE SHORE DRIVE #713 SOUTH RESIDENCE CHICAGO IL 60611-4402		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR		Aggregate Year-to-Date > \$ 218.35	
Full Name, Mailing Address, and ZIP Code MR KIMBREL D STEPHEN 7319 SOUTHWICK DRIVE FRANKFORT IL 60425		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 238.35	
Full Name, Mailing Address, and ZIP Code DR BERYL W DOMINY 188 SENECA DRIVE NOANK CT 06340-5651		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 17.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation RESEARCH ADVISOR - CHEMISTRY		Aggregate Year-to-Date > \$ 400.14	
Full Name, Mailing Address, and ZIP Code MR JOHN S CONOVER 22098 HEATHERIDGE NORTHVILLE MI 48167-9347		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 238.35	
Full Name, Mailing Address, and ZIP Code MR KEVIN MALONE 25575 OAK CREEK CIRCLE BARRINGTON IL 60010		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER		Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR SPENCER G OLSEN 8020 WEATHERBY COURT JACKSONVILLE FL 32256		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Aggregate Year-to-Date > \$ 212.35	
Full Name, Mailing Address, and ZIP Code MS JEANNE A GILBERTSON 144 ALLERTON DRIVE UNIT # G-2 SCHAUMBURG IL 60194		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST TO REGIONAL MANAGER		Aggregate Year-to-Date > \$ 248.35	
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	25 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MS LORI GREENE 4415 COUNTY CLUB ROAD OSHKOSH WI 54901	Name of Employer Pfizer Inc.	Date (month, day, year) 07/07/1998	Amount of Each Receipt this Period 500.00
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MRS JACQUELINE WRIGHT-THRASHER 120 SHAMROCK RD SLIDELL LA 70461-2406	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00
	Occupation PROFESSIONAL HEALTHCARE REP I	Aggregate Year-to-Date > \$ 294.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR DONALD R SPOELKER 108 SPRING CREEK DR WESTERVILLE OH 43081-2533	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation SR DISTRICT MANAGER	Aggregate Year-to-Date > \$ 218.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR JON T SHOULDERS 8011 WALDEN RD BATON ROUGE LA 70808	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00
	Occupation SR INST HEALTHCARE REP	Aggregate Year-to-Date > \$ 294.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR JAMES D WITHERSPOON 6432 RIVER TIDE DRIVE MEMPHIS TN 38120-2638	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 62.58
	Occupation REGIONAL LOGISTICS DIRECTOR	Aggregate Year-to-Date > \$ 612.52	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR JAMES E SKELLEY 2036 HIGHLAND DR. HOOVER AL 35244	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 47.16
	Occupation SR PROFESSIONAL HLTHCARE CONS	Aggregate Year-to-Date > \$ 416.42	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code MR AUSTIN MAXWELL 1503 SE BROAD STREET MURFREESBORO TN 37130	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 248.35	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		26 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MRS ELIZABETH B SMALLEY 4317 GOURLEY ROAD PEGRAM TN 37143-5070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DAVID L GREER 124 MADEWOOD DRIVE MANDEVILLE LA 70471-8231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 294.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00	
Full Name, Mailing Address, and ZIP Code MS ELAINE K JONES 8001 WINNERS CIRCLE MANDEVILLE LA 70448 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 291.69	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DAVID H BLACKWELL 121 SOUTHVIEW DR. BIRMINGHAM AL 35244-1701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 210.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MS VALERIE M VALIN 4432 VILLAGE SPRINGS RUN DUNWOODY GA 30038 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST TO REGIONAL MANAGER Aggregate Year-to-Date > \$ 222.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JERRY E DOBBS, JR 204 WOODBERRY DR. COVINGTON LA 70433-4735 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE REP Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 45.00	
Full Name, Mailing Address, and ZIP Code MR MICHAEL A REID 907 WOODLAND HEIGHTS DRIVE LOUISVILLE KY 40245-5210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 238.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		27 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MRS WENDY R. WRIGHT 401 E LANE RALEIGH NC 27601		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PROFESSIONAL HEALTHCARE REP I		Amount of Each Receipt this Period 24.65
		Aggregate Year-to-Date > \$ 245.89		
Full Name, Mailing Address, and ZIP Code MR JOHN M SAUCIER 27 SHADY VALLEY DR. CONWAY AR 72032-3332		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR PROFESSIONAL HLTHCARE CONS		Amount of Each Receipt this Period 39.41
		Aggregate Year-to-Date > \$ 346.83		
Full Name, Mailing Address, and ZIP Code MR MAX E ELLZEY 201 GILLESPIE DRIVE APT 82D4 FRANKLIN TN 37067		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Amount of Each Receipt this Period 41.67
		Aggregate Year-to-Date > \$ 228.35		
Full Name, Mailing Address, and ZIP Code MR RICK ALLEN 2113 GALLINA CIRCLE COLLIERVILLE TN 38017		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Amount of Each Receipt this Period 41.67
		Aggregate Year-to-Date > \$ 228.35		
Full Name, Mailing Address, and ZIP Code MS ANDREA M. BLANK 8008 BLUEBONNETT BLVD BLDG 17 APT 15 BATON ROUGE LA 70810		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation CENTRAL NERVOUS SYS REP		Amount of Each Receipt this Period 41.67
		Aggregate Year-to-Date > \$ 291.68		
Full Name, Mailing Address, and ZIP Code MR DANIEL K O'BRIANT 612 CHARLES COURT LEXINGTON SC 29072		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER		Amount of Each Receipt this Period 41.67
		Aggregate Year-to-Date > \$ 208.35		
Full Name, Mailing Address, and ZIP Code MR WILLIAM J ROBISON 23 WEDGEWOOD RD WESTPORT CT 06880-2736		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation EVP EMPLOYEE RESOURCES		Amount of Each Receipt this Period 40.00
		Aggregate Year-to-Date > \$ 280.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	28 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR JOHN A. KNIGHTEN, JR 12250 S. KIRKWOOD #1023 STAFFORD TX 77477	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 78.58
	Occupation DISTRICT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 568.00		
Full Name, Mailing Address, and ZIP Code MISS KRISTIAN A. THERIOT 246 WOODLAWN DR CROWLEY LA 70526	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation PED OBAGYN REP		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.02		
Full Name, Mailing Address, and ZIP Code MR DAVID R ARDOIN 2023 ELYSIUM WAY CLEARWATER FL 33750	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation SR DISTRICT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 228.35		
Full Name, Mailing Address, and ZIP Code MRS MONICA L. SEARCY 17958 PECAN SHADOWS DR. BATON ROUGE LA 70810	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00
	Occupation DISTRICT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code MR DAVID L COLLIER 1503 HIGHLAND LAKES DRIVE KELLER TX 76248	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 218.35		
Full Name, Mailing Address, and ZIP Code MR KENNETH A ARDOIN 2804 RIVER BEND TRAIL FLOWER MOUND TX 75022	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DIR STATE GOVT RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 208.35		
Full Name, Mailing Address, and ZIP Code MR DWIGHT D KELLY 1200 NEW CASTLE DR LIBERTYVILLE IL 60048	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation REGIONAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 228.68		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		29 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MRS REBECCA M. BOURG 18070 OLD JEFFERSON HWY PRAIRIEVILLE LA 70769 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PED OB/GYN REP Aggregate Year-to-Date > \$ 291.69	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MS JENNIFER C COMEAUX 4021 BARONNE STREET NEW ORLEANS LA 70115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL ACCOUNT MANAGER Aggregate Year-to-Date > \$ 291.20	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.60	
Full Name, Mailing Address, and ZIP Code MR KEVIN L BERRY 708 NORTHWEST 158TH STREET EDMOND OK 73013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR M SCOTT JOHNSON 1909 MISSION RD EDMOND OK 73034 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MISS ANNE H. RAMSEY 306 LAMONT AVENUE SAN ANTONIO TX 78209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 218.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR LARRY C TURRENTINE 14509 BUTTERFIELD DRIVE EDMOND OK 73013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 598.52	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 85.54	
Full Name, Mailing Address, and ZIP Code MISS BONNA E. KEMP PO BOX 82198 ALBUQUERQUE NM 87199 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		30 / 46
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR THOMAS S MCCANN 2056 DOGWOOD GROVE COVE GERMANTOWN TN 38139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MARK EDWARD WALGREN 3215 SUMMERFIELD GRAPEVINE TX 76051-8551 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 406.82	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 44.58	
Full Name, Mailing Address, and ZIP Code MR VAUGHN HAWKINS 1713 HAMPTON COURT BEDFORD TX 76021-2415 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MICHAEL E. RANSOME 15555 NO. F.L. WRIGHT BLVD APARTMENT 1047 SCOTTSDALE AZ 85260 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR CLARENCE C CONN 5104 BEDFORD COURT ARLINGTON TX 76017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DARRYL E DAVIS 704 NW 153RD ST EDMOND OK 73015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 238.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DENNIS M GOOCH 137 RIM ROCK ROAD ALEDO TX 76008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		31 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR JOHN L WARD 5902 UPPER LAKE DRIVE HUMBLE TX 77346-1806 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 258.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS TRACIE ALCH 2231 DUNSTAN ST HOUSTON TX 77005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS MARNEE C CAMP 100 JUNIPER MANSFIELD TX 76063-1813 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR INST HEALTHCARE REP Aggregate Year-to-Date > \$ 288.33	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 34.50	
Full Name, Mailing Address, and ZIP Code MRS KATHERINE ALEXANDER-NEVINS 417 BONTONA AVENUE FT. LAUDERDALE FL 33301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DAVID G JEFFERSON 636 WILLOWOOD TRAIL KELLER TX 76248 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation RHEUMATOLOGY/DRTHOPEID/UROL REP Aggregate Year-to-Date > \$ 298.40	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 32.12	
Full Name, Mailing Address, and ZIP Code MR JAMES N BRAWLEY 71 WAYNE STREET #3 JERSEY CITY NJ 07302-3517 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASSOC DIR/TM LR PHARM DEV & TR Aggregate Year-to-Date > \$ 523.53	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 64.29	
Full Name, Mailing Address, and ZIP Code MR DALE E DECKER 4000 HUNTERS CREEK RD EDMOND OK 73003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 238.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	32 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR JOHN L HILDEBRANDT 100 KENILWORTH PLACE RIDGE LAND MS 39157		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 218.35			
Full Name, Mailing Address, and ZIP Code MR MATTHEW F MUELLER 4005 EVERGREEN PLACE SHOREVIEW MN 55126-2316		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 268.35			
Full Name, Mailing Address, and ZIP Code MR THOMAS E SCHMIDT 2231 COPPERFIELD DR MENDOTA HEIGHTS MN 55120		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR			
		Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MRS JULIANA G. DUKES 900 PIONEER CIRCLE EAST ARGYLE TX 76226		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST TO REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 218.35			
Full Name, Mailing Address, and ZIP Code MR THOMAS L SMITH 10075 S STRATFORD PL HIGHLANDS RANCH CO 80126-4250		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 291.65			
Full Name, Mailing Address, and ZIP Code MR MURRAY L SMITH 4907 CRANBROOK DR EAST COLLEYVILLE TX 76034-4363		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MR THOMAS MEADOR 817 STEEPLECHASE ROAD ST CHARLES IL 60174		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 675.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		33 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR TODD M MORITZ 915 S. 164TH ST. OMAHA NE 68118-2738 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 238.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MS KAREN L KATEN 40 SUTTON PLACE. APT. 4H NEW YORK NY 10022-2369 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP: VP&EVP.PPG &PRES.US PHARM Aggregate Year-to-Date > \$ 2784.81	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 260.75	
Full Name, Mailing Address, and ZIP Code MR HOLGER E SCHUSTER 928 MORGAN BLUFF ROAD PEARL RIVER LA 70452-3831 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 419.98	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 50.20	
Full Name, Mailing Address, and ZIP Code MR JEROME PATRICK HICKEY, II #9 BIENVILLE COURT LITTLE ROCK AR 72211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR KIRK JAMES WALD 1323 FARALLONE AVE. FIRCREST WA 98466-6733 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PROFESSIONAL HEALTHCARE REP I Aggregate Year-to-Date > \$ 226.68	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DOUGLAS E BOHLEN PO BOX 50550 ALBUQUERQUE NM 87101 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JOHN F KRESL 3686 WINDING LAKE CIRCLE ORLANDO FL 32835 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 218.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	34 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR THEODORE J VAN ANNE 7 VILLAGE CIRCLE SUITE 400 WESTLAKE TX 75262		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MR THOMAS G HOOD 243 WEST 70TH STREET APT 9-E NEW YORK NY 10023		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 67.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation TRAINING MGR			
		Aggregate Year-to-Date > \$ 531.15			
Full Name, Mailing Address, and ZIP Code MRS BETHRY E EVERETT 3701 OAKDALE FOREST RD EDMOND OK 73013		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MS NANCY G ZOGLEMAN 9614 HIGH DRIVE LEAWOOD KS 66206-2306		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR			
		Aggregate Year-to-Date > \$ 228.35			
Full Name, Mailing Address, and ZIP Code MR MICHAEL JAMES HUBERT 603 DARTMOUTH TERRACE CT WILDWOOD MO 63011		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 218.35			
Full Name, Mailing Address, and ZIP Code MS COLLEEN M MIKESSELL 644 N REECE ROAD GODDARD KS 67052		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 32.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SR PROFESSIONAL HLTHCARE REP			
		Aggregate Year-to-Date > \$ 322.66			
Full Name, Mailing Address, and ZIP Code MR CARSON H ROUNS 39 LESTER ST NEW LONDON CT 06320-4303		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 34.62
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation UTILITIES ENGINEER			
		Aggregate Year-to-Date > \$ 257.34			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		35 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MR CRAIG S COLES C/O PFIZER INC. 18500 VON KARMAN SUITE 800 IRVINE CA 92612 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 248.40	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.68	
Full Name, Mailing Address, and ZIP Code MR GARY W TODD 100 HURLINGHAM DRIVE COLUMBIA SC 29225-8133 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR CASEY D WOOD 16715 POLO FIELDS LN LOUISVILLE KY 40245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 369.80	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 42.79	
Full Name, Mailing Address, and ZIP Code MRS KATHY D RIVAS 8519 WAGNER WAY SAN ANTONIO TX 78256-2005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MRS JO ANNE ROLLE 7 VILLAGE CIRCLE STE 500 WESTLAKE TX 76262 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL MANAGER Aggregate Year-to-Date > \$ 228.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR MITCHELL S ALBERTO 105 WATERFORD SOUTHLAKE TX 76092 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR J GLADE PETERSON 8051 S. BARNWOOD WAY SANDY UT 84094-7270 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	36 / 46
			FOR LINE NUMBER 11A1

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 PAC

Full Name, Mailing Address, and ZIP Code MR M. KENNETH BOWLER 11532 MANORSTONE LANE COLUMBIA MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 129.16
	Occupation VP-FEDERAL GOV'T RELATIONS	Aggregate Year-to-Date > \$ 504.12	
Full Name, Mailing Address, and ZIP Code MR ALAN S BAILEY 4371 E SANTA ROSA PLACE HIGLEY AZ 85236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.35	
Full Name, Mailing Address, and ZIP Code MR STEVEN L REESE 25607 NORTH COUNTRYSIDE DR LAKE BARRINGTON IL 60010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation REGIONAL MANAGER	Aggregate Year-to-Date > \$ 248.35	
Full Name, Mailing Address, and ZIP Code MR RAYMOND S GINGRICH 40158 HOLLAND RD PONCHATOLA LA 70454 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 50.00
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 350.00	
Full Name, Mailing Address, and ZIP Code MR J M RICHARDSON 64 E 80TH STREET APT 2R NEW YORK NY 10021-0243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 100.67
	Occupation VP ENVIR SAFE&HTH ASTGC&AST SEC	Aggregate Year-to-Date > \$ 1248.80	
Full Name, Mailing Address, and ZIP Code MR ROBERT K HEDEQUIST 2650 SOUTHWEST YANCY UNIT M-203 SEATTLE WA 98126 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 218.35	
Full Name, Mailing Address, and ZIP Code MS LINDA LEE GREESON 433 N.W. 15TH ST. OKLAHOMA CITY OK 73103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 208.35	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	37 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MS PAMELA A FORD 6889 ELLESMERE WAY CYPRESS CA 90630-5440		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.68
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.40			
Full Name, Mailing Address, and ZIP Code MR RICHARD B. HASKITT 210 6TH ST HUNTINGTON BEACH CA 92846		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.68
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 228.40			
Full Name, Mailing Address, and ZIP Code MR DAVID M ENOS 11823 DERBYSHIRE DRIVE TAMPA FL 33626		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 208.35			
Full Name, Mailing Address, and ZIP Code MR STEPHEN W YURICK C/O PFIZER INC 16500 VON KARMAN, SUITE 600 IRVINE CA 92612		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 290.00			
Full Name, Mailing Address, and ZIP Code MR RUSSELL L PATTERSON 7405 SULKY DRIVE ALBUQUERQUE NM 87109-6805		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 248.35			
Full Name, Mailing Address, and ZIP Code MS KATHY C SCANDALIOS 225 SHAWNEE PASS PORTOLA VALLEY CA 94026		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation DISTRICT MANAGER			
		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code MR LARRY B SMITH 6 RICHMOND HILL DRIVE SPARTA NJ 07871-4003		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REGIONAL MANAGER			
		Aggregate Year-to-Date > \$ 624.62			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		38 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MS MARJORIE C FINKELNBURG 108 N. WEST STREET ALEXANDRIA VA 22314-2710 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation ASST DIR GOVT RELATIONS Aggregate Year-to-Date > \$ 402.00		Date (month, day, year) 07/31/1998 Amount of Each Receipt this Period 51.50
Full Name, Mailing Address, and ZIP Code MR CRAIG A GILL 3306 FALLING BROOK SAN ANTONIO TX 78256 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35		Date (month, day, year) 07/31/1999 Amount of Each Receipt this Period 41.67
Full Name, Mailing Address, and ZIP Code MR JOHN T LALLEY 18001 CHIEFTAIN COURT SAN DIEGO CA 92127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation REGIONAL ACCOUNT MANAGER Aggregate Year-to-Date > \$ 205.04		Date (month, day, year) 07/31/1998 Amount of Each Receipt this Period 41.68
Full Name, Mailing Address, and ZIP Code MR DOUGLAS R TURNER 2306 HARMONY STREET MONROE LA 71201-3027 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation SR PROFESSIONAL HLTHCARE REP Aggregate Year-to-Date > \$ 315.00		Date (month, day, year) 07/31/1999 Amount of Each Receipt this Period 45.00
Full Name, Mailing Address, and ZIP Code MR DEREK F G LEONG 461 ANOLLANI STREET HONOLULU HI 96821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation PROFESSIONAL HEALTHCARE REP I Aggregate Year-to-Date > \$ 265.01		Date (month, day, year) 07/31/1999 Amount of Each Receipt this Period 26.16
Full Name, Mailing Address, and ZIP Code MR HELMUT S OSORIO 801 NW 168TH AVE PEMBROKE PINES FL 33026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35		Date (month, day, year) 07/31/1999 Amount of Each Receipt this Period 41.67
Full Name, Mailing Address, and ZIP Code MR DENNIS S GREEN 4300 EMERSON AVE. DALLAS TX 75205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35		Date (month, day, year) 07/31/1998 Amount of Each Receipt this Period 41.67
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		39 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MS TRACI M PENROD 9456 GROVE TRAIL LANE GERMANTOWN TN 38139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MS DANA R SCHMOYER 4540 VILLAGE SPRINGS RUN DUNWOODY GA 30336 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST TO REGIONAL MANAGER Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JONATHAN E HAMRICK 867 BRIGHTWATER CIRCLE MAITLAND FL 32751-4665 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 248.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MS TREZA LASHAWN BROOMS-JOHNSON 5795 CULLER CT ALPHARETTA GA 30005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 218.35	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MISS LEROI LEMIECE HARRIS 308 FOXCROFT LANE MACON GA 31220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PED OB/GYN REP Aggregate Year-to-Date > \$ 258.54	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 25.62	
Full Name, Mailing Address, and ZIP Code MR FLOYD FOSTER WHITTEN, JR 125 EASTPOINTE CIRCLE MADISON MS 39110 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 546.31	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 78.54	
Full Name, Mailing Address, and ZIP Code MISS STACEY LYNN KENNEY 16840 W 69TH TERRACE APT 204 SHAWNEE KS 66217 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 230.77	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 25.58	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		40 / 46
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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 PAC				
Full Name, Mailing Address, and ZIP Code MS ANNA MARIA MARITATO 4 MALIBU HILL RENSSELAER NY 12144 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation STATE GOVT REL MGR Aggregate Year-to-Date > \$ 208.35	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR DANA WILLIAM MATTHEWS 3694 GULF MIST COURT DESTIN FL 32541 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 233.88	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 25.87	
Full Name, Mailing Address, and ZIP Code MR TODD ALAN JENKINS 20 VILLA COURT PITTSBURGH PA 15214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 233.02	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 26.00	
Full Name, Mailing Address, and ZIP Code MS JEAN MARGARET GRAHAM 1417 HARMONY STREET NEW ORLEANS LA 70115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 294.00	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00	
Full Name, Mailing Address, and ZIP Code MR CHARLES D ATKINSON 49904 POINTE CROSSING PLYMOUTH MI 48170 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 305.70	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 35.79	
Full Name, Mailing Address, and ZIP Code MR VINCENT JOSEPH CROCI 6115 WAKEFIELD DRIVE SYLVANIA OH 43560-3853 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 269.37	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR CLARE WILLIAM HOWE 11211 TAMARACK TRAIL BATH MI 48808 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation STATE GOVT REL MGR Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	41 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR BRAD LEE JULIAN 113 REMINGTON DRIVE ROCKY MOUNT NC 27804-0300		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 25.75
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation INSTITUTIONAL HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 244.15			
Full Name, Mailing Address, and ZIP Code MS SANDRA C JOHNSON 111 GLENDALE GARDEN DRIVE NASHVILLE TN 37204		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR			
		Aggregate Year-to-Date > \$ 525.00			
Full Name, Mailing Address, and ZIP Code MR JOHN BUREN TRASK 4866 SWEETBRIAR ST BATON ROUGE LA 70808		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation INSTITUTIONAL HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 291.69			
Full Name, Mailing Address, and ZIP Code MR MICHAEL JOHN BOLEN 1424 ROYAL OAK DRIVE BLUE BELL PA 19422		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 44.41
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation STATE GOVT REL MGR			
		Aggregate Year-to-Date > \$ 325.67			
Full Name, Mailing Address, and ZIP Code MR WILLIAM N. GROGAN, JR 2022 GREEN COURT MANDEVILLE LA 70448		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation INSTITUTIONAL HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 291.69			
Full Name, Mailing Address, and ZIP Code MR VICTOR C MASON 4425 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 25.62
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation INSTITUTIONAL HEALTHCARE REP			
		Aggregate Year-to-Date > \$ 246.48			
Full Name, Mailing Address, and ZIP Code MR JOHN CHRIS KIPPLE 5 PEMBROKE WAY 2ND FLOOR PALISADES PARK NJ 07650		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1998	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation REG. SAFETY ASSOC			
		Aggregate Year-to-Date > \$ 541.67			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	42 / 46
					FOR LINE NUMBER 11A1
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 PAC					
Full Name, Mailing Address, and ZIP Code MR MARC STEVEN SCARDUFFA 325 W. 93RD STREET APT. 51 NEW YORK NY 10025		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation MGR STATE CORP AFFAIRS			
		Aggregate Year-to-Date > \$ 275.02			
Full Name, Mailing Address, and ZIP Code MR LARRY M. LEGE 226 W. 12TH ST CROWLEY LA 70526		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.66
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 291.62			
Full Name, Mailing Address, and ZIP Code MR JOHN R. JONES 8001 WINNERS CIRCLE MANDEVILLE LA 70448		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 252.00			
Full Name, Mailing Address, and ZIP Code MR JASON B. SMITH 204 CHANTILLY DR HOUMA LA 70360		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 291.69			
Full Name, Mailing Address, and ZIP Code MR J. B. DOWNS 504 ESPLANADE AVENUE #4 NEW ORLEANS LA 70116		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 250.02			
Full Name, Mailing Address, and ZIP Code MS RACHAEL A. FORBITO 4332 AVRON BLVD METAIRIE LA 70006		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 291.69			
Full Name, Mailing Address, and ZIP Code MS ASHLEY SWEARINGEN DAY 735 BAYOU SHORES DR MONROE LA 71203		Name of Employer Pfizer Inc.		Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation HEALTHCARE REPRESENTATIVE			
		Aggregate Year-to-Date > \$ 291.69			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		43 / 46
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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 PAC				
Full Name, Mailing Address, and ZIP Code MS SHANNON R. SORRELL 3317MYRTLE GROVE DRIVE BATON ROUGE LA 70810	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 291.69		
Full Name, Mailing Address, and ZIP Code MISS MEAGHAN E. WILLIAMS 4646 COLISEUM NEW ORLEANS LA 70115	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 291.69		
Full Name, Mailing Address, and ZIP Code MISS HEATHER M. ROTH 5614 ANNUNCIATION NEW ORLEANS LA 70115	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 298.35		
Full Name, Mailing Address, and ZIP Code MR DUNCAN D. PARHAM 343 ELEDONORE ST NEW ORLEANS LA 70115	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 291.69		
Full Name, Mailing Address, and ZIP Code MR JAMES C. HEAD PO BOX 75 43 HOGAN DR START LA 71279	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 41.67	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 291.69		
Full Name, Mailing Address, and ZIP Code MR JEFFREY T. BACINO 105 FILMORE AVE. NEW ORLEANS LA 70124	Name of Employer Pfizer Inc.	Date (month, day, year) 07/31/1999	Amount of Each Receipt this Period 42.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation HEALTHCARE REPRESENTATIVE	Aggregate Year-to-Date > \$ 262.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				15063.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
23

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 PAC**

<p>Full Name, Mailing Address, and ZIP Code Senator Spencer Abraham 900 2nd Street, NE Washington DC 20002</p>	<p>Purpose of Disbursement (Senate - MI - 0) Contribution: Spencer Abraham (MI-R)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Spencer Abraham (MI-R)</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Senator Slade Gorton 10808 SE 6th Street Bellevue WA 98004</p>	<p>Purpose of Disbursement (Senate - WA - 0) Contribution: Slade Gorton (WA-R)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Slade Gorton (WA-R)</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Senator Jack F. Reed 6529 West Oak Place Vienna VA 22162</p>	<p>Purpose of Disbursement (Senate - RI - 0) Contribution: Jack F. Reed (RI-D)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Jack F. Reed (RI-D)</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Senator William V. Roth, Jr. P.O. Box 105 Wilmington DE 19899</p>	<p>Purpose of Disbursement (Senate - DE - 0) Contribution: William V. Roth, Jr. (DE-R)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: William V. Roth, Jr. (DE-R)</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Christine Todd Whitman 3222 M Street, NW Suite U 501 Washington DC 20007</p>	<p>Purpose of Disbursement (Senate - NJ - 0) Contribution: Christine Todd Whitman (NJ-R)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Christine Todd Whitman (NJ-R)</p>	<p>Amount of Each Disbursement This Period 2000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Representative Rick Boucher P.O. Box 2000 Arlington VA 24212</p>	<p>Purpose of Disbursement (House - VA - 9) Contribution: Rick Boucher (VA-9-D)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Rick Boucher (VA-9-D)</p>	<p>Amount of Each Disbursement This Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Representative Benjamin L. Cardin 36 Ivy Street, SE Washington DC 20003</p>	<p>Purpose of Disbursement (House - MD - 3) Contribution: Benjamin L. Cardin (MD-3-D)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Benjamin L. Cardin (MD-3-D)</p>	<p>Amount of Each Disbursement This Period 1500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Representative Tom DeLay 10707 Corporate Drive, Suite 130 Stafford TX 77477</p>	<p>Purpose of Disbursement (House - TX - 22) Contribution: Tom DeLay (TX-22-R)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Tom DeLay (TX-22-R)</p>	<p>Amount of Each Disbursement This Period 2000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Representative Bob Etheridge c/o New Democrat Network 501 Capitol Court, NE Suite 200 Washington DC 20002</p>	<p>Purpose of Disbursement (House - NC - 2) Contribution: Bob Etheridge (NC-2-D)</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary</p>	<p>Date (month, day, year) 07/22/1998 Contribution: Bob Etheridge (NC-2-D)</p>	<p>Amount of Each Disbursement This Period 500.00</p>

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	45 / 46 FOR LINE NUMBER 23
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 PAC			
Full Name, Mailing Address, and ZIP Code Representative Terry Everett P.O. Box 230169 Montgomery AL 36123	Purpose of Disbursement (House - AL - 2) Contribution: Terry Everett (AL-2-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: Terry Everett (A-L-2-R)	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Representative David L. Hobson 62 West Columbia Street Springfield OH 45502	Purpose of Disbursement (House - OH - 7) Contribution: David L. Hobson (OH-7-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: David L. Hobson (OH-7-R)	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Representative Scott McInnis 1212 N. Vernon Street Arlington VA 22201	Purpose of Disbursement (House - CO - 3) Contribution: Scott McInnis (CO-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: Scott McInnis (C-O-3-R)	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Representative David E. Price c/o New Democrat Network 501 Capitol Court, NE Suite 200 Washington DC 20002	Purpose of Disbursement (House - NC - 4) Contribution: David E. Price (NC-4-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: David E. Price (NC-4-D)	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code John Sweeney P.O. Box 4836 Saratoga Springs NY 12866	Purpose of Disbursement (House - NY - 22) Contribution: John Sweeney (NY-77-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: John Sweeney (NY-??-R)	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Representative William M. Thornberry PO Box 9392 Amarillo TX 79105	Purpose of Disbursement (House - TX - 13) Contribution: William M. Thornberry (TX- Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: William M. Thornberry (TX-13-R)	Amount of Each Disbursement This Period 250.00
Full Name, Mailing Address, and ZIP Code Greg Walden P.O. Box 2159 Arlington VA 22202	Purpose of Disbursement (House - OR - 2) Contribution: Greg Walden (OR-2-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: Greg Walden (OR-2-R)	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Representative Rick A. Lazio 1212 New York Avenue, NW Suite 350 Washington DC 20005	Purpose of Disbursement (House - NY - 2) Contribution: Rick A. Lazio (NY-2-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 07/22/1998 Contribution: Rick A. Lazio (N-Y-2-R)	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			16750.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	46 / 46
			FOR LINE NUMBER 28
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 PAC			
Full Name, Mailing Address, and ZIP Code Alan G. Levin 235 East 42nd St New York NY 10017	Purpose of Disbursement (- NY -) Transfer to Affiliated PAC	Date (month, day, year) 07/22/1998 Transfer to Affiliated PAC	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017	Purpose of Disbursement (- NY -) Transfer to Affiliated PAC	Date (month, day, year) 07/22/1998 Transfer to Affiliated PAC	Amount of Each Disbursement This Period 950.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			3450.00