

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

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

FOR LINE NUMBER: PAGE 64 OF 254  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michele A. Farber**

Mailing Address 5 Giralda Farms

City Madison State NJ Zip Code 07940-1027

FEC ID number of contributing federal political committee. **C**

Name of Employer Pfizer, Inc. Occupation SrDirector Trdmrks/Copyrights

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 15 / 2015**  
**Transaction ID : 2015041610395-3546**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Michele A. Farber**

Mailing Address 5 Giralda Farms

City Madison State NJ Zip Code 07940-1027

FEC ID number of contributing federal political committee. **C**

Name of Employer Pfizer, Inc. Occupation SrDirector Trdmrks/Copyrights

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2015**  
**Transaction ID : 20150504105459-3530**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Frances Fergusson**

Mailing Address 235 E 42nd St

City New York State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C**

Name of Employer Pfizer, Inc. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2015**  
**Transaction ID : 10A957E19A30429BAB05**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

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