

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Pfizer Inc. PAC - CT (Pfizer PAC - CT)

ADDRESS (number and street) 235 EAST 42ND STREET

(Check if address is changed) NEW YORK NY 10017

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS Patricia.M.McCahey@pfizer.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 / 23 / 2008

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Mr. William S. Smith

Signature of Treasurer [Signature] Date 04 / 23 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

PFIZER INC.

Mailing Address \_\_\_\_\_ 235 East 42nd Street \_\_\_\_\_

New York

NY

10017

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_ Connected \_\_\_\_\_

Type of Connected Organization:

- |   |                               |                    |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization                         | Trade Association             | Cooperative        |

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Write or Type Committee Name

**Pfizer Inc. PAC - CT (Pfizer PAC - CT)**

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Barbara W. Bonfiglio**

Mailing Address \_\_\_\_\_

**235 East 42nd Street**

**New York NY 10017**

Title or Position **Secretary** CITY **NEW YORK** STATE **NY** ZIP CODE **10017**

Telephone number **202 624 7536**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **William S. Smith**

Mailing Address **235 East 42nd Street**

**New York NY 10017**

Title or Position **Treasurer** CITY **NEW YORK** STATE **NY** ZIP CODE **10017**

Telephone number **212 733 7222**

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Telephone number \_\_\_\_\_

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

Groton Office 0301

Groton

CT

06340

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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**Designated Agent**

**[ ADDITIONAL ]**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_

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**Federal Election Commission**  
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Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*4/24/08*  
 DATE PREPARED

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