



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Sunovion Pharmaceuticals Inc. Good Governance Fund

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="26781.41"/>	<input type="text" value="26781.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32876.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5811.50"/>	<input type="text" value="34931.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="38687.78"/>	<input type="text" value="61712.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="23025.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38687.78"/>	<input type="text" value="38687.78"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4476.50	14707.50
(ii) Unitemized .....	1335.00	19314.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5811.50	34021.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5811.50	34021.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	909.87
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5811.50	34931.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5811.50	34931.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1525.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	23025.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	23025.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5811.50	34021.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5811.50	34021.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	909.87
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-909.87

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Paula Alvarez</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15905</b>
Mailing Address 1541 Brickell Ave #2106		Amount of Each Receipt this Period 9.00
City Miami	State FL	Zip Code 33129
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director Corporate Acc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) <b>B. Linda Arsenault</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15830</b>
Mailing Address 12 Chace Hill Rd		Amount of Each Receipt this Period 10.00
City Lancaster	State MA	Zip Code 01523
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer SUNOVION PHARMACEUTICALS	Occupation Exec Dir, Talent Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Arsenault</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.16044</b>
Mailing Address 12 Chace Hill Rd		Amount of Each Receipt this Period 10.00
City Lancaster	State MA	Zip Code 01523
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer SUNOVION PHARMACEUTICALS	Occupation Exec Dir, Talent Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Linda Arsenault</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15943</b>
Mailing Address 12 Chace Hill Rd		Amount of Each Receipt this Period 10.00
City Lancaster	State MA	Zip Code 01523
FEC ID number of contributing federal political committee. C	Name of Employer SUNOVION PHARMACEUTICALS	Occupation Exec Dir, Talent Mgr.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Bassett</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15791</b>
Mailing Address 1462 Holston Dr		Amount of Each Receipt this Period 12.50
City Bristol	State TN	Zip Code 37620
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) <b>C. Laura Bassett</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16005</b>
Mailing Address 1462 Holston Dr		Amount of Each Receipt this Period 12.50
City Bristol	State TN	Zip Code 37620
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Laura Bassett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15900</b>
Mailing Address 1462 Holston Dr		Amount of Each Receipt this Period 12.50
City Bristol	State TN	Zip Code 37620
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

Full Name (Last, First, Middle Initial) <b>B. Patrick J Bedell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15929</b>
Mailing Address 28 Croydon Drive		Amount of Each Receipt this Period 9.00
City Merrick	State NY	Zip Code 11566
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Dir Govt Pricing & Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) <b>C. Brian T Berhow</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15887</b>
Mailing Address 501 Chippenham Court		Amount of Each Receipt this Period 9.00
City Franklin	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Diana Borrelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 3782 North Point Dr

City New Castle State PA Zip Code 16105

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15889**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

**B. Kathleen Boudreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 14714 Greenleaf

City Chesterfield State MO Zip Code 63017

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.15852**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction

**C. Kathleen Boudreau**  
Full Name (Last, First, Middle Initial)

Mailing Address 14714 Greenleaf

City Chesterfield State MO Zip Code 63017

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.16064**

Amount of Each Receipt this Period  
**10.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **29.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Boudreau</b>			Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15963</b>
Mailing Address 14714 Greenleaf			Amount of Each Receipt this Period 60.00
City Chesterfield	State MO	Zip Code 63017	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 230.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Alice Bowman</b>			Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15842</b>
Mailing Address 1904 Thomas Dr			Amount of Each Receipt this Period 25.00
City Annapolis	State MD	Zip Code 21409	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 525.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Alice Bowman</b>			Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.16055</b>
Mailing Address 1904 Thomas Dr			Amount of Each Receipt this Period 25.00
City Annapolis	State MD	Zip Code 21409	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 550.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Alice Bowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Thomas Dr

City Annapolis State MD Zip Code 21409

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

Name of Employer Sunovion Pharmaceuticals Occupation Account Director.FREP13

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15954**

Amount of Each Receipt this Period  
**25.00**

Bi-Weekly Payroll Deduction

**B. Charmayne S Brewster**  
Full Name (Last, First, Middle Initial)

Mailing Address 18438 Larkspur Ct

City Grayslake State IL Zip Code 60030

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

Name of Employer Sunovion Pharmaceuticals Occupation Regional Business Manager.SMGT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15912**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

**C. Scott Cahill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Jones Ln

City Sagamore Beach State MA Zip Code 02562

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15945**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **43.00**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. David Canny**

Mailing Address 240 Seminole Woods

City Geneva	State FL	Zip Code 32732
----------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

**Transaction ID : SA11AI.15820**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. David Canny**

Mailing Address 240 Seminole Woods

City Geneva	State FL	Zip Code 32732
----------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.16034**

Amount of Each Receipt this Period  

10.00
-------

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. David Canny**

Mailing Address 240 Seminole Woods

City Geneva	State FL	Zip Code 32732
----------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15931**

Amount of Each Receipt this Period  

10.00
-------

Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Roger D. Collins</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15983</b>
Mailing Address 6675 Chelsea Gardens Way		Amount of Each Receipt this Period 9.00
City Cumming	State GA	Zip Code 30040
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) <b>B. Matthew D'Ambrosio</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15840</b>
Mailing Address 3 Avery Street		Amount of Each Receipt this Period 200.00
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr VP & Chief Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Matthew D'Ambrosio</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.16053</b>
Mailing Address 3 Avery Street		Amount of Each Receipt this Period 200.00
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr VP & Chief Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	409.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Matthew D'Ambrosio</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15952</b>
Mailing Address 3 Avery Street		Amount of Each Receipt this Period 200.00
City Boston	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr VP & Chief Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3400.00	

Full Name (Last, First, Middle Initial) <b>B. Lizbeth Delgado</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15825</b>
Mailing Address 1822 SW 149 Passage		Amount of Each Receipt this Period 10.00
City Miami	State FL	Zip Code 33185
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Area Medical Specialist.PRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Lizbeth Delgado</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.16039</b>
Mailing Address 1822 SW 149 Passage		Amount of Each Receipt this Period 10.00
City Miami	State FL	Zip Code 33185
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Area Medical Specialist.PRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Lizbhet Delgado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1822 SW 149 Passage  
 City Miami State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Sr Area Medical Specialist.PRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15936**  
 Amount of Each Receipt this Period 10.00  
 Bi-Weekly Payroll Deduction

**B. Jason DePrima**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3503 Red Bay Creek Rd  
 City Columbia State MO Zip Code 65203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15927**  
 Amount of Each Receipt this Period 9.00  
 Bi-Weekly Payroll Deduction

**C. David Dwyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 Cedarcrest Drive  
 City Duncansville State PA Zip Code 16635  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15920**  
 Amount of Each Receipt this Period 9.00  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 28.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Estabrook</b>		Date of Receipt
Mailing Address 5400 SE Sterling Cir		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Stuart	FL	34997
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.15913</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="9.00"/>
Name of Employer		Bi-Weekly Payroll Deduction
SUNOVION PHARMACEUTICALS	Occupation	
	Regional Channel Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="207.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Fenton</b>		Date of Receipt
Mailing Address 10 South Arnolda Rd		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlestown	RI	02813
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.15839</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer		Payroll Deduction
Sunovion Pharmaceuticals	Occupation	
	Therapeutic Specialist.FREP18	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Richard Fenton</b>		Date of Receipt
Mailing Address 10 South Arnolda Rd		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlestown	RI	02813
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.16052</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer		Bi-Weekly Payroll Deduction
Sunovion Pharmaceuticals	Occupation	
	Therapeutic Specialist.FREP18	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="29.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Richard Fenton</b>		Date of Receipt 11 / 13 / 2014 <b>Transaction ID : SA11AI.15951</b>
Mailing Address 10 South Arnolda Rd		Amount of Each Receipt this Period 10.00
City Charlestown	State RI	Zip Code 02813
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin Flynn</b>		Date of Receipt 10 / 16 / 2014 <b>Transaction ID : SA11AI.15823</b>
Mailing Address 22 Hayes Rd		Amount of Each Receipt this Period 25.00
City Madbury	State NH	Zip Code 03820
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Manager Training and Developme
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin Flynn</b>		Date of Receipt 10 / 30 / 2014 <b>Transaction ID : SA11AI.16037</b>
Mailing Address 22 Hayes Rd		Amount of Each Receipt this Period 25.00
City Madbury	State NH	Zip Code 03820
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Manager Training and Developme
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Kevin Flynn</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15934</b>
Mailing Address 22 Hayes Rd		Amount of Each Receipt this Period 25.00
City Madbury	State NH	Zip Code 03820
FEC ID number of contributing federal political committee. <b>C</b>		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Manager Training and Developme	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Rodney Francisco</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15845</b>
Mailing Address 8512 Whisper Ridge Cir		Amount of Each Receipt this Period 10.00
City Baldwinsville	State NY	Zip Code 13027
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. Rodney Francisco</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16058</b>
Mailing Address 8512 Whisper Ridge Cir		Amount of Each Receipt this Period 10.00
City Baldwinsville	State NY	Zip Code 13027
FEC ID number of contributing federal political committee. <b>C</b>		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Rodney Francisco</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15957</b>
Mailing Address 8512 Whisper Ridge Cir		Amount of Each Receipt this Period 230.00
City Baldwinsville	State NY	Zip Code 13027
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Brian Giglio</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15921</b>
Mailing Address 35 South Munroe Ter		Amount of Each Receipt this Period 9.00
City Scarborough	State ME	Zip Code 04074
FEC ID number of contributing federal political committee. C	Name of Employer SUNOVION PHARMACEUTICALS	Occupation Area Channel Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>c. Stacey Graninger</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15925</b>
Mailing Address 5235 E. Villa Rita Dr		Amount of Each Receipt this Period 9.00
City Phoenix	State AZ	Zip Code 85032
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
		Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. April S Grant**

Mailing Address 6387 Dwane Ave

City San Diego	State CA	Zip Code 92120
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt: **10 / 16 / 2014**  
**Transaction ID : SA11AI.15829**

Amount of Each Receipt this Period: **15.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. April S Grant**

Mailing Address 6387 Dwane Ave

City San Diego	State CA	Zip Code 92120
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: **10 / 30 / 2014**  
**Transaction ID : SA11AI.16043**

Amount of Each Receipt this Period: **15.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. April S Grant**

Mailing Address 6387 Dwane Ave

City San Diego	State CA	Zip Code 92120
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa
----------------------------------------------	----------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt: **11 / 13 / 2014**  
**Transaction ID : SA11AI.15940**

Amount of Each Receipt this Period: **15.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Larry Green</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15894</b>
Mailing Address 300 27th St		Amount of Each Receipt this Period 9.00
City Charleston	State WV	Zip Code 25304
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Gregorio</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : SA11AI.15878</b>
Mailing Address 8 Barn Lane		Amount of Each Receipt this Period 1000.00
City Southborough	State MA	Zip Code 01772
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation EVP & Chief Administrative Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Don Harada</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15808</b>
Mailing Address 28355 N Caalex Dr		Amount of Each Receipt this Period 25.00
City Valencia	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Account Director Corporate Acc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1034.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Don Harada</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16022</b>
Mailing Address 28355 N Calex Dr		Amount of Each Receipt this Period 250.00
City Valencia	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director Corporate Acc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Don Harada</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15919</b>
Mailing Address 28355 N Calex Dr		Amount of Each Receipt this Period 25.00
City Valencia	State CA	Zip Code 91354
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director Corporate Acc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Kyle Hatfield</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15901</b>
Mailing Address 106 Alton Cove		Amount of Each Receipt this Period 9.00
City Little Rock	State AR	Zip Code 72211
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 63  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. James Hedges**

Mailing Address 6000 Wayne Court

City Flower Mound State TX Zip Code 75028

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

Name of Employer Sunovion Pharmaceuticals Occupation Regional Business Manager.SMGT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
**11 / 13 / 2014**  
**Transaction ID : SA11AI.15881**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Michelle C. Hendron**

Mailing Address 12 Peaceful Court

City Sicklerville State NJ Zip Code 08081

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
**11 / 13 / 2014**  
**Transaction ID : SA11AI.15884**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. William John Henning**

Mailing Address 1314 Wilderness Cir

City Eagan State MN Zip Code 55123

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

Name of Employer Sunovion Pharmaceuticals, Inc. Occupation Area Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt  
**11 / 13 / 2014**  
**Transaction ID : SA11AI.15917**

Amount of Each Receipt this Period  
**9.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **27.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. David Hoffman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15812</b>
Mailing Address 1 Cityview Ln		Amount of Each Receipt this Period 15.00
City Quincy	State MA	Zip Code 02169
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Counsel Commercial Aff.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. David Hoffman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16026</b>
Mailing Address 1 Cityview Ln		Amount of Each Receipt this Period 15.00
City Quincy	State MA	Zip Code 02169
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Counsel Commercial Aff.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. David Hoffman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15923</b>
Mailing Address 1 Cityview Ln		Amount of Each Receipt this Period 15.00
City Quincy	State MA	Zip Code 02169
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Counsel Commercial Aff.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Julie Inskeep**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 S Bristol Lane  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.15837**  
 Amount of Each Receipt this Period  
 10.00  
 Payroll Deduction

**B. Julie Inskeep**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 S Bristol Lane  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.16050**  
 Amount of Each Receipt this Period  
 10.00  
 Bi-Weekly Payroll Deduction

**C. Julie Inskeep**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 S Bristol Lane  
 City State Zip Code  
 Arlington Heights IL 60005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15949**  
 Amount of Each Receipt this Period  
 10.00  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Steven Isaki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2152 7th Ave W  
City Seattle State WA Zip Code 98119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Sr Account Director.FREP11  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 207.00  
Date of Receipt 11 / 13 / 2014  
Transaction ID : SA11AI.15918  
Amount of Each Receipt this Period 9.00  
Bi-Weekly Payroll Deduction

**B. Katrina M Iserman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 280 Beacon St #31  
City Boston State MA Zip Code 02116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Director State Government Affa  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00  
Date of Receipt 10 / 16 / 2014  
Transaction ID : SA11AI.15828  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**C. Katrina M Iserman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 280 Beacon St #31  
City Boston State MA Zip Code 02116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Director State Government Affa  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00  
Date of Receipt 10 / 30 / 2014  
Transaction ID : SA11AI.16042  
Amount of Each Receipt this Period 20.00  
Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Katrina M Iserman</b>		Date of Receipt 11 / 13 / 2014 <b>Transaction ID : SA11AI.15939</b>
Mailing Address 280 Beacon St #31		Amount of Each Receipt this Period 20.00
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Melissa Kay</b>		Date of Receipt 11 / 13 / 2014 <b>Transaction ID : SA11AI.15893</b>
Mailing Address 77 Carriage Hill Cir		Amount of Each Receipt this Period 9.00
City Southborough	State MA	Zip Code 01772
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Assoc Director Managed Markets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Kurt Koennecke</b>		Date of Receipt 10 / 16 / 2014 <b>Transaction ID : SA11AI.15836</b>
Mailing Address 229 Barnwell Ln		Amount of Each Receipt this Period 15.00
City Palmyra	State PA	Zip Code 17078
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Kurt Koennecke</b>		Date of Receipt
Mailing Address 229 Barnwell Ln		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Palmyra	State PA	Zip Code 17078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16049</b>
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
	<input type="text" value="330.00"/>	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Kurt Koennecke</b>		Date of Receipt
Mailing Address 229 Barnwell Ln		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Palmyra	State PA	Zip Code 17078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15948</b>
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="15.00"/>
	<input type="text" value="345.00"/>	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Michael Krug</b>		Date of Receipt
Mailing Address 1201 Prairie Dr		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Algonquin	State IL	Zip Code 60102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15798</b>
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Account Director.FREP11	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
	<input type="text" value="210.00"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Michael Krug**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Prairie Dr

City Algonquin State IL Zip Code 60102

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

Name of Employer Sunovion Pharmaceuticals Occupation Sr Account Director.FREP11

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : SA11AI.16012**

Amount of Each Receipt this Period **10.00**

Bi-Weekly Payroll Deduction

**B. Michael Krug**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Prairie Dr

City Algonquin State IL Zip Code 60102

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

Name of Employer Sunovion Pharmaceuticals Occupation Sr Account Director.FREP11

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11AI.15907**

Amount of Each Receipt this Period **10.00**

Bi-Weekly Payroll Deduction

**C. Thomas Large**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Holdenwood Rd.

City Concord State MA Zip Code 01742

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

Name of Employer SUNOVION PHARMACEUTICALS Occupation Sr VP Preclinical Res &Transla

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**

**Transaction ID : SA11AI.15911**

Amount of Each Receipt this Period **9.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **29.00**

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

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

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

FOR LINE NUMBER: PAGE 30 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Roy Lindfield**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10172 Prestwick Trail

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13
----------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

**Transaction ID : SA11AI.15824**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction

**B. Roy Lindfield**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10172 Prestwick Trail

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13
----------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

**Transaction ID : SA11AI.16038**

Amount of Each Receipt this Period  

10.00
-------

Bi-Weekly Payroll Deduction

**C. Roy Lindfield**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10172 Prestwick Trail

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

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

Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13
----------------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2014

**Transaction ID : SA11AI.15935**

Amount of Each Receipt this Period  

10.00
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Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Gerald Loschiavo**  
Full Name (Last, First, Middle Initial)

Mailing Address 544 Kings Hwy

City State Zip Code  
Valley Cottage NY 10989

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

Name of Employer Occupation  
Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014  
**Transaction ID : SA11AI.15838**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**B. Gerald Loschiavo**  
Full Name (Last, First, Middle Initial)

Mailing Address 544 Kings Hwy

City State Zip Code  
Valley Cottage NY 10989

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

Name of Employer Occupation  
Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 30 / 2014  
**Transaction ID : SA11AI.16051**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**C. Gerald Loschiavo**  
Full Name (Last, First, Middle Initial)

Mailing Address 544 Kings Hwy

City State Zip Code  
Valley Cottage NY 10989

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

Name of Employer Occupation  
Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2014  
**Transaction ID : SA11AI.15950**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Brian Maas**  
Full Name (Last, First, Middle Initial)

Mailing Address 13312 Commonwealth Dr

City Burnsville State MN Zip Code 55337

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**  
Transaction ID : **SA11AI.15928**

Amount of Each Receipt this Period **9.00**

Bi-Weekly Payroll Deduction

**B. Anthony Magnetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Old Nourse Road

City Westboro State MA Zip Code 01581

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

Name of Employer Sunovion Pharmaceuticals Occupation VP Government Affairs.EVP35

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1575.00**

Date of Receipt **10 / 16 / 2014**  
Transaction ID : **SA11AI.15789**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

**C. Anthony Magnetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Old Nourse Road

City Westboro State MA Zip Code 01581

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

Name of Employer Sunovion Pharmaceuticals Occupation VP Government Affairs.EVP35

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1650.00**

Date of Receipt **10 / 30 / 2014**  
Transaction ID : **SA11AI.16003**

Amount of Each Receipt this Period **75.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **159.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Anthony Magnetti</b>		Date of Receipt
Mailing Address 37 Old Nourse Road		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Westboro	MA	01581
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15898</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Sunovion Pharmaceuticals	VP Government Affairs.EVP35	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Bi-Weekly Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1725.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Meghan Mahoney</b>		Date of Receipt
Mailing Address 103 9th Street Apt 114		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlestown	MA	02129
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15857</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Sunovion Pharmaceuticals	Therapeutic Specialist.FREP18	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Meghan Mahoney</b>		Date of Receipt
Mailing Address 103 9th Street Apt 114		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Charlestown	MA	02129
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16069</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Sunovion Pharmaceuticals	Therapeutic Specialist.FREP18	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Bi-Weekly Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 34 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Meghan Mahoney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 9th Street  
Apt 114  
City Charlestown State MA Zip Code 02129  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15970**  
Amount of Each Receipt this Period 15.00  
Bi-Weekly Payroll Deduction

**B. Donna McConeghey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3129 Carlisle Circle  
City Marion State IA Zip Code 52302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 16 / 2014  
**Transaction ID : SA11AI.15853**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction

**C. Donna McConeghey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3129 Carlisle Circle  
City Marion State IA Zip Code 52302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11AI.16065**  
Amount of Each Receipt this Period 10.00  
Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Donna McConeghey</b>		Date of Receipt
Mailing Address 3129 Carlisle Circle		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Marion State IA Zip Code 52302		<b>Transaction ID : SA11AI.15964</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Nancy McKee</b>		Date of Receipt
Mailing Address 225 Manchester Drive		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Zionsville State IN Zip Code 46077		<b>Transaction ID : SA11AI.15841</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Nancy McKee</b>		Date of Receipt
Mailing Address 225 Manchester Drive		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Zionsville State IN Zip Code 46077		<b>Transaction ID : SA11AI.16054</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Sunovion Pharmaceuticals	Occupation Director State Government Affa	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. Nancy McKee**  
 Mailing Address 225 Manchester Drive  
 City Zionsville State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Director State Government Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15953**  
 Amount of Each Receipt this Period **25.00**  
 Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Dustin Menser**  
 Mailing Address 103 Robinson Dr  
 City Richmond State KY Zip Code 40475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNOVION PHARMACEUTICALS Occupation Therapeutic Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15930**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Amy Michaels**  
 Mailing Address 75 Redan Dr.  
 City Smithtown State NY Zip Code 11787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Regional Business Manager.SMGT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15982**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **43.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Michael Milisits**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Boswell Lane

City Southborough State MA Zip Code 01772

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : SA11AI.15775**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**B. Michael Milisits**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Boswell Lane

City Southborough State MA Zip Code 01772

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 30 / 2014  
**Transaction ID : SA11AI.15990**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**C. Michael Milisits**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Boswell Lane

City Southborough State MA Zip Code 01772

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
11 / 13 / 2014  
**Transaction ID : SA11AI.15883**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Matthew Moran</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15909</b>
Mailing Address 4610 Coventry Ct		Amount of Each Receipt this Period 9.00
City Davenport	State IA	Zip Code 52807
FEC ID number of contributing federal political committee.	C	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Stewart H Mueller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15795</b>
Mailing Address 10 Meachen Rd		Amount of Each Receipt this Period 50.00
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee.	C	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr VP Global Regulatory Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Stewart H Mueller</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16009</b>
Mailing Address 10 Meachen Rd		Amount of Each Receipt this Period 50.00
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee.	C	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr VP Global Regulatory Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Bi-Weekly Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Stewart H Mueller</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15904</b>
Mailing Address 10 Meachen Rd			Amount of Each Receipt this Period 50.00
City Sudbury	State MA	Zip Code 01776	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1150.00	
Name of Employer Sunovion Pharmaceuticals		Occupation Sr VP Global Regulatory Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Thomas Murphy</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15779</b>
Mailing Address 6 Wren Street			Amount of Each Receipt this Period 10.00
City Pittsfield	State MA	Zip Code 01201	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer Sunovion Pharmaceuticals		Occupation Account Director Corporate Acc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Thomas Murphy</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.15993</b>
Mailing Address 6 Wren Street			Amount of Each Receipt this Period 10.00
City Pittsfield	State MA	Zip Code 01201	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer Sunovion Pharmaceuticals		Occupation Account Director Corporate Acc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 63  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. Thomas Murphy**

Mailing Address 6 Wren Street

City Pittsfield State MA Zip Code 01201

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

Name of Employer Sunovion Pharmaceuticals Occupation Account Director Corporate Acc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11AI.15886**

Amount of Each Receipt this Period  
**10.00**

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Timothy Murphy**

Mailing Address 93 Bates Rd

City Westfield State MA Zip Code 01086

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.15785**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Timothy Murphy**

Mailing Address 93 Bates Rd

City Westfield State MA Zip Code 01086

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

Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.15999**

Amount of Each Receipt this Period  
**25.00**

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

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

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

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

FOR LINE NUMBER: PAGE 41 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. Timothy Murphy**

Mailing Address 93 Bates Rd

City State Zip Code  
 Westfield MA 01086

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15892**

Amount of Each Receipt this Period  
 25.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Randy Murray**

Mailing Address 2637 Chimney Lake Cir

City State Zip Code  
 Soddy Daisy TN 37379

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.15815**

Amount of Each Receipt this Period  
 10.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Randy Murray**

Mailing Address 2637 Chimney Lake Cir

City State Zip Code  
 Soddy Daisy TN 37379

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.16029**

Amount of Each Receipt this Period  
 10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Randy Murray</b>		Date of Receipt
Mailing Address 2637 Chimney Lake Cir		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Soddy Daisy	TN	37379
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15926
Sunovion Pharmaceuticals	Therapeutic Specialist.FREP18	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	<input type="text" value="10.00"/>
<input type="checkbox"/> Other (specify) ▼		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Jason Neef</b>		Date of Receipt
Mailing Address 14707 Rosewood Dr		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Leawood	KS	66224
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.15875
Sunovion Pharmaceuticals	Account Director Corporate Acc	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	<input type="text" value="10.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Jason Neef</b>		Date of Receipt
Mailing Address 14707 Rosewood Dr		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Leawood	KS	66224
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.16081
Sunovion Pharmaceuticals	Account Director Corporate Acc	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	<input type="text" value="10.00"/>
<input type="checkbox"/> Other (specify) ▼		Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 43 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Jason Neef**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14707 Rosewood Dr  
 City Leawood State KS Zip Code 66224  
 Date of Receipt: 11 / 13 / 2014  
**Transaction ID : SA11AI.15984**  
 Amount of Each Receipt this Period: 10.00  
 Bi-Weekly Payroll Deduction  
 Name of Employer: Sunovion Pharmaceuticals Occupation: Account Director Corporate Acc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 230.00  
 FEC ID number of contributing federal political committee: C

**B. Ryan O'Malley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 John C. Porter Way  
 City North Attleboro State MA Zip Code 02760  
 Date of Receipt: 10 / 16 / 2014  
**Transaction ID : SA11AI.15851**  
 Amount of Each Receipt this Period: 25.00  
 Payroll Deduction  
 Name of Employer: Sunovion Pharmaceuticals Occupation: Regional Business Manager.SMGT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 525.00  
 FEC ID number of contributing federal political committee: C

**c. Ryan O'Malley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 John C. Porter Way  
 City North Attleboro State MA Zip Code 02760  
 Date of Receipt: 10 / 30 / 2014  
**Transaction ID : SA11AI.16063**  
 Amount of Each Receipt this Period: 25.00  
 Bi-Weekly Payroll Deduction  
 Name of Employer: Sunovion Pharmaceuticals Occupation: Regional Business Manager.SMGT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 550.00  
 FEC ID number of contributing federal political committee: C

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Ryan O'Malley</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15962</b>
Mailing Address 30 John C. Porter Way		Amount of Each Receipt this Period 44.00
City North Attleboro	State MA	Zip Code 02760
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Marjorie Ormsby</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15937</b>
Mailing Address 1656 Valecroft Ave		Amount of Each Receipt this Period 9.00
City Westlake Village	State CA	Zip Code 91361
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director II.FREP5	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) <b>C. Keith Osburn</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15777</b>
Mailing Address 24 Butterfield Ln.		Amount of Each Receipt this Period 10.00
City Bedford	State NH	Zip Code 03110
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Account Director.FREP11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Keith Osburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Butterfield Ln.  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Sr Account Director.FREP11  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11AI.15992**  
 Amount of Each Receipt this Period 10.00  
 Bi-Weekly Payroll Deduction

**B. Keith Osburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Butterfield Ln.  
 City Bedford State NH Zip Code 03110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Sr Account Director.FREP11  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15885**  
 Amount of Each Receipt this Period 10.00  
 Bi-Weekly Payroll Deduction

**C. Alissa Ozolins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Roseview Court  
 City Trumbull State CT Zip Code 06611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15981**  
 Amount of Each Receipt this Period 9.00  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 29.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Michael Peele</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15822</b>
Mailing Address 10 Stony Creek Ct		Amount of Each Receipt this Period 25.00
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Michael Peele</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16036</b>
Mailing Address 10 Stony Creek Ct		Amount of Each Receipt this Period 25.00
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Bi-Weekly Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Michael Peele</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15933</b>
Mailing Address 10 Stony Creek Ct		Amount of Each Receipt this Period 25.00
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	
Bi-Weekly Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. Tony Plourde**

Mailing Address 81 Thorniley St.

City State Zip Code  
 New Britain CT 06051

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.15811**

Amount of Each Receipt this Period  
 10.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Tony Plourde**

Mailing Address 81 Thorniley St.

City State Zip Code  
 New Britain CT 06051

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.16025**

Amount of Each Receipt this Period  
 10.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Tony Plourde**

Mailing Address 81 Thorniley St.

City State Zip Code  
 New Britain CT 06051

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15922**

Amount of Each Receipt this Period  
 10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Kenneth Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3925 Long Meadow Dr  
 City Mebane State NC Zip Code 27302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Therapeutic Specialist.FREP18  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15891**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

**B. Margaret Propes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Wood Trail  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Director State Government Affa  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15938**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

**C. Eric Rasmussen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 N. Pelham St  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Sr Director Federal Government  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1275.00**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : SA11AI.15855**  
 Amount of Each Receipt this Period **75.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **93.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Eric Rasmussen</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16067</b>
Mailing Address 1018 N. Pelham St		Amount of Each Receipt this Period 75.00
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Sr Director Federal Government
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Eric Rasmussen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15966</b>
Mailing Address 1018 N. Pelham St		Amount of Each Receipt this Period 75.00
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Sr Director Federal Government
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Carl T. Rennie</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15914</b>
Mailing Address 2 Acorn Dr		Amount of Each Receipt this Period 9.00
City Londonderry	State NH	Zip Code 03053
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation National Director Corporate Ac
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
		Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	159.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Carol Ricciotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2238 E Rockledge Rd  
 City Phoenix State AZ Zip Code 85048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Field Director.FMGT2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt 10 / 16 / 2014  
**Transaction ID : SA11AI.15790**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**B. Carol Ricciotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2238 E Rockledge Rd  
 City Phoenix State AZ Zip Code 85048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Field Director.FMGT2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00  
 Date of Receipt 10 / 30 / 2014  
**Transaction ID : SA11AI.16004**  
 Amount of Each Receipt this Period 10.00  
 Bi-Weekly Payroll Deduction

**C. Carol Ricciotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2238 E Rockledge Rd  
 City Phoenix State AZ Zip Code 85048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Field Director.FMGT2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00  
 Date of Receipt 11 / 13 / 2014  
**Transaction ID : SA11AI.15899**  
 Amount of Each Receipt this Period 10.00  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Shannon Rich-Hardecki</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15833</b>
Mailing Address 461 N Kingsbury			Amount of Each Receipt this Period 25.00
City Dearborn	State MI	Zip Code 48128	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 525.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shannon Rich-Hardecki</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16047</b>
Mailing Address 461 N Kingsbury			Amount of Each Receipt this Period 25.00
City Dearborn	State MI	Zip Code 48128	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 550.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Shannon Rich-Hardecki</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15946</b>
Mailing Address 461 N Kingsbury			Amount of Each Receipt this Period 25.00
City Dearborn	State MI	Zip Code 48128	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 575.00	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Steven Rosi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : SA11AI.15850</b>
Mailing Address 5170 Scioto Prky		Amount of Each Receipt this Period 10.00
City Powell State OH Zip Code 43065	Occupation Regional Business Manager.SMGT	Payroll Deduction
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 210.00	
Name of Employer Sunovion Pharmaceuticals	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steven Rosi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : SA11AI.16062</b>
Mailing Address 5170 Scioto Prky		Amount of Each Receipt this Period 10.00
City Powell State OH Zip Code 43065	Occupation Regional Business Manager.SMGT	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 220.00	
Name of Employer Sunovion Pharmaceuticals	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Steven Rosi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15961</b>
Mailing Address 5170 Scioto Prky		Amount of Each Receipt this Period 10.00
City Powell State OH Zip Code 43065	Occupation Regional Business Manager.SMGT	Bi-Weekly Payroll Deduction
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 230.00	
Name of Employer Sunovion Pharmaceuticals	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Christopher Rutkowski</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15903</b>
Mailing Address 5404 Landsdowne Ct.		Amount of Each Receipt this Period 9.00
City Cumming	State GA	Zip Code 30041
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer SUNOVION PHARMACEUTICALS	Occupation Regional Business Manager	Aggregate Year-to-Date ▼ 207.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anthony S Severoni</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15797</b>
Mailing Address 10 William Howard Dr		Amount of Each Receipt this Period 35.00
City Glen Mills	State PA	Zip Code 19342
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Director State Government A	Aggregate Year-to-Date ▼ 735.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anthony S Severoni</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2014 <b>Transaction ID : SA11AI.16011</b>
Mailing Address 10 William Howard Dr		Amount of Each Receipt this Period 35.00
City Glen Mills	State PA	Zip Code 19342
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Director State Government A	Aggregate Year-to-Date ▼ 770.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Anthony S Severoni</b>		Date of Receipt 11 / 13 / 2014 <b>Transaction ID : SA11AI.15906</b>
Mailing Address 10 William Howard Dr		Amount of Each Receipt this Period 35.00
City Glen Mills	State PA	Zip Code 19342
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Sr Director State Government A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	

Full Name (Last, First, Middle Initial) <b>B. James M Shepherd III</b>		Date of Receipt 10 / 16 / 2014 <b>Transaction ID : SA11AI.15876</b>
Mailing Address 2252 Oceanwalk W Dr		Amount of Each Receipt this Period 35.00
City Atlantic Beach	State FL	Zip Code 32233
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

Full Name (Last, First, Middle Initial) <b>C. James M Shepherd III</b>		Date of Receipt 10 / 30 / 2014 <b>Transaction ID : SA11AI.16082</b>
Mailing Address 2252 Oceanwalk W Dr		Amount of Each Receipt this Period 35.00
City Atlantic Beach	State FL	Zip Code 32233
FEC ID number of contributing federal political committee. C	Bi-Weekly Payroll Deduction	
Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. James M Shepherd III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2252 Oceanwalk W Dr  
 City Atlantic Beach State FL Zip Code 32233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sunovion Pharmaceuticals Occupation Account Director.FREP13  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15985**  
 Amount of Each Receipt this Period **35.00**  
 Bi-Weekly Payroll Deduction

**B. Linda Sims**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9617 Reiker Dr  
 City Largo State MD Zip Code 20774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNOVION PHARMACEUTICALS Occupation Therapeutic Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15908**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

**C. Bradford Sippy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Newtown Rd  
 City Acton State MA Zip Code 01720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNOVION PHARMACEUTICALS Occupation Exec Director Marketing Servc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **207.00**

Date of Receipt **11 / 13 / 2014**  
**Transaction ID : SA11AI.15924**  
 Amount of Each Receipt this Period **9.00**  
 Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **53.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 56 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial)  
**A. Donald Smith**

Mailing Address 1403 Wayfield Ln

City State Zip Code  
 Mount Juliet TN 37122

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : SA11AI.15846**

Amount of Each Receipt this Period  
 25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Donald Smith**

Mailing Address 1403 Wayfield Ln

City State Zip Code  
 Mount Juliet TN 37122

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11AI.16059**

Amount of Each Receipt this Period  
 25.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Donald Smith**

Mailing Address 1403 Wayfield Ln

City State Zip Code  
 Mount Juliet TN 37122

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

Name of Employer Occupation  
 Sunovion Pharmaceuticals Therapeutic Specialist.FREP18

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15958**

Amount of Each Receipt this Period  
 25.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Stephen Snarr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Commodore Road

City Newport Beach State CA Zip Code 92660

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

Date of Receipt  
11 / 13 / 2014  
**Transaction ID : SA11AI.15956**

Amount of Each Receipt this Period  
9.00

Bi-Weekly Payroll Deduction

**B. Daniel Stevning**  
Full Name (Last, First, Middle Initial)

Mailing Address 6173 Huckleberry Ln

City Hamilton State OH Zip Code 45011

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

Name of Employer Occupation  
Sunovion Pharmaceuticals Account Director.FREP13

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : SA11AI.15831**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**C. Daniel Stevning**  
Full Name (Last, First, Middle Initial)

Mailing Address 6173 Huckleberry Ln

City Hamilton State OH Zip Code 45011

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

Name of Employer Occupation  
Sunovion Pharmaceuticals Account Director.FREP13

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 30 / 2014  
**Transaction ID : SA11AI.16045**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 29.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Daniel Stevning</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15944</b>
Mailing Address 6173 Huckleberry Ln		Amount of Each Receipt this Period 2014 44.00
City Hamilton	State OH	Zip Code 45011
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Account Director.FREP13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Tracy J Stonebraker-Mattis</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2014 <b>Transaction ID : SA11AI.15910</b>
Mailing Address 125 Hidden Pond Way		Amount of Each Receipt this Period 2014 9.00
City West Chester	State PA	Zip Code 19382
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Jennifer Szyluk</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014 <b>Transaction ID : SA11AI.15793</b>
Mailing Address 117 Oakwood Dr		Amount of Each Receipt this Period 2014 25.00
City Longmeadow	State MA	Zip Code 01106
FEC ID number of contributing federal political committee. C	Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 63  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Jennifer Szyluk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Oakwood Dr  
 City Longmeadow State MA Zip Code 01106  
 Date of Receipt: 10 / 30 / 2014  
**Transaction ID : SA11AI.16007**  
 Amount of Each Receipt this Period: 25.00  
 Bi-Weekly Payroll Deduction  
 Name of Employer: Sunovion Pharmaceuticals Occupation: Regional Business Manager.SMGT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 550.00  
 FEC ID number of contributing federal political committee: C

**B. Jennifer Szyluk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Oakwood Dr  
 City Longmeadow State MA Zip Code 01106  
 Date of Receipt: 11 / 13 / 2014  
**Transaction ID : SA11AI.15902**  
 Amount of Each Receipt this Period: 25.00  
 Bi-Weekly Payroll Deduction  
 Name of Employer: Sunovion Pharmaceuticals Occupation: Regional Business Manager.SMGT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 575.00  
 FEC ID number of contributing federal political committee: C

**C. Andrew Tamulevich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Brick Mill Road  
 City Bedord State NH Zip Code 03110  
 Date of Receipt: 10 / 16 / 2014  
**Transaction ID : SA11AI.15856**  
 Amount of Each Receipt this Period: 15.00  
 Payroll Deduction  
 Name of Employer: Regional Bus. Mgr. Occupation: Sunovion Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 210.00  
 FEC ID number of contributing federal political committee: C

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 60 OF 63  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Andrew Tamulevich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Brick Mill Road

City Bedord	State NH	Zip Code 03110
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Date of Receipt: 10 / 30 / 2014  
**Transaction ID : SA11AI.16068**

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 15.00

Bi-Weekly Payroll Deduction

Name of Employer: Regional Bus. Mgr. Occupation: Sunovion Pharmaceuticals

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

**B. Andrew Tamulevich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Brick Mill Road

City Bedord	State NH	Zip Code 03110
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Date of Receipt: 11 / 13 / 2014  
**Transaction ID : SA11AI.15969**

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 15.00

Bi-Weekly Payroll Deduction

Name of Employer: Regional Bus. Mgr. Occupation: Sunovion Pharmaceuticals

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 240.00

**C. Michael J Tomcsanyi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1018 Westport Circle

City Youngstown	State OH	Zip Code 44511
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Date of Receipt: 11 / 13 / 2014  
**Transaction ID : SA11AI.15880**

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 9.00

Bi-Weekly Payroll Deduction

Name of Employer: Sunovion Pharmaceuticals Occupation: Field Director.FMGT2

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 207.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Michael Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 7234 Avalon Way

City Shrewsbury State MA Zip Code 01545

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Sr Manager Sales Ops Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

Date of Receipt  
11 / 13 / 2014  
**Transaction ID : SA11AI.15882**

Amount of Each Receipt this Period  
9.00

Bi-Weekly Payroll Deduction

**B. Steven Wondrasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 153 Washington St

City Winchester State MA Zip Code 01890

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : SA11AI.15781**

Amount of Each Receipt this Period  
10.00

Payroll Deduction

**C. Steven Wondrasch**  
Full Name (Last, First, Middle Initial)

Mailing Address 153 Washington St

City Winchester State MA Zip Code 01890

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

Name of Employer Occupation  
SUNOVION PHARMACEUTICALS Regional Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 30 / 2014  
**Transaction ID : SA11AI.15995**

Amount of Each Receipt this Period  
10.00

Bi-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

**A. Steven Wondrasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 Washington St  
 City Winchester State MA Zip Code 01890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUNOVION PHARMACEUTICALS Regional Business Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 11 / 13 / 2014  
**Transaction ID : SA11AI.15888**  
 Amount of Each Receipt this Period  
 10.00  
 Bi-Weekly Payroll Deduction

**B. Douglas Yarbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3302 NW boulder Brook Place  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sunovion Pharmaceuticals Regional Business Manager.SMGT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 10 / 16 / 2014  
**Transaction ID : SA11AI.15821**  
 Amount of Each Receipt this Period  
 10.00  
 Payroll Deduction

**C. Douglas Yarbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3302 NW boulder Brook Place  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sunovion Pharmaceuticals Regional Business Manager.SMGT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 10 / 30 / 2014  
**Transaction ID : SA11AI.16035**  
 Amount of Each Receipt this Period  
 10.00  
 Bi-Weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Sunovion Pharmaceuticals Inc. Good Governance Fund**

Full Name (Last, First, Middle Initial) <b>A. Douglas Yarbrough</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15932</b>
Mailing Address 3302 NW boulder Brook Place		Amount of Each Receipt this Period 10.00
City Ankeny	State IA	Zip Code 50023
FEC ID number of contributing federal political committee.	C	
Name of Employer Sunovion Pharmaceuticals	Occupation Regional Business Manager.SMGT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Guthrie Zaring</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014 <b>Transaction ID : SA11AI.15955</b>
Mailing Address 7002 Penfield PI		Amount of Each Receipt this Period 10.00
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee.	C	
Name of Employer Sunovion Pharmaceuticals	Occupation Therapeutic Specialist.FREP18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4476.50