STATEMENT OF

FORM 1	ORGANIZATION (See instructions)		
1 NAME OF		f time in a time	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: In is changed) over the lin	f typying, type les 12FE4M5	
sanofi-aventis	U.S. Inc. Employees Political Action Commit	ttee	
ADDRESS (number and s	treet) 801 Pennsylvania Avenue NW		
(Check if address	Şujte 725		
is changed)	Washington	L DC	20004
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	Timothy.Clark@sanofi-aventis.co	om 	
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address			
is changed)			
2. DATE 0.3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C001443	345	
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belie	of it is true, correct and complete	
Type or Print Name of	TreasurerTimothy Clark		
Signature of Treasurer	Electronically Filed by Timothy Clark	Date 0.3	M / 26 / Y Y Y O 9
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the pers		_
Office	For fu	urther information contact:	FEC FORM 1
Use Only	Toll F	al Election Commission ree 800-424-9530	(Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2			
5.			DMMITTEE (Check One) Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.)	he candidate			
	Name Candi						
	Candi Party	idate Affiliatio	on Office House Senate President	State District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Party	Comm					
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Politic	cal Act	ion Committee (PAC):				
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:			
			X Corporation Corporation w/o Capital Stock La	bor Organization			
			Membership Organization Trade Association Co	poperative			
			X In addition, this committee is a Lobbyist/Registrant PAC.				
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party			
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint F	Fundraising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political			
		Com	mittees Participating in Joint Fundraiser				
			1. FEC ID number C				
			2. FEC ID number				
			3. FEC ID number				
			FEC ID number C				

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Write or Type Committee N	ıme				
sanofi-aventis U.S.	Inc. Employees Political Action Committee				
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Lead	ership PAC Sponsor		
sanofi-aventis U.S.	nc.	corporate Drive Corporate Drive			
			<u> </u>		
Mailing Address	55 Corporate Drive				
	Bridgewater	Γ <mark>Ν</mark> J	08807 _		
	CITY▲	STATE A	ZIP CODE		
Relationship:					
X Connected Organiz	ation Affiliated Committee Joint Fundraising F	Representative	Leadership PAC Sponsor		
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
Full Name	mothy Clark				
Mailing Address	c/o PASS				
	1020 North Fairfax Street 5th Flr.				
	Alexandria		22314		
Title or Position ▼	CITY A	STATE	ZIP CODE A		
Treas	urer Telephone	number 202			
name and address of	ame and address (phone number optional) of the treast f any designated agent (e.g., assistant treasurer).	urer of the comm	ittee; and the		
Mailing Address	801 Pennsylvania Avenue NW				
	Suite 725				
	Washington	_DC	20004		
Title or Position ♥	CITY A	STATE.▲	ZIP CODE A		
Treas	surer Telephone	number 202	585 3025		

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	Full Name of Designated Agent	Jay Jennings		
	Mailing Address	6240 Woodard Bay Rd.	NE	
		Olympia	WA	98506 –
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Assi	stant Treasurer	Telephone number	
9.	Banks or Other Dep safety deposit boxes of Name of Bank, Depos	or maintains funds.	nich the committee deposits funds,	holds accounts, rents
Wach		Wachovia Bank		
	Mailing Address	One West Main Street		
		Somerville	ŅJ	08876
		CITY 🗻	STATE 4	ZIP CODE 🛕
	Name of Bank, Depos	sitory, etc.		
	L			
	Mailing Address			
		CITY 🗖	STATE ⊿	ZIP CODE 🛕

Banks or Other Depositories safety deposit boxes or maintain		ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	1		
	CITY 🛆	STATE. <u>⊿</u>	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ADDITIONAL rship PAC Sponsor
Mailing Address	P.O. Box 187		
	Swiftwater	PA	18370
elationship:	СІТУ▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Rep	oresentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name Juan			
Mailing Address	706 Kensington Road		
	Chapel Hill	NC	27514
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Assistan	t Treasurer Telepho	908 one number	477 5060
Joint Fundraiser Participant	<u> </u>		[ADDITIONAL]
	FE	EC ID number	

Image# 29933397423 Amending to disclose Lobbyist/Registrant PAC and update officer information. Please update your records accordingly. Form/Schedule:F1A Transaction ID: F1A