FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	· ·											
		(See instructio	ns)					Off	ice use on	ly		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	g, type	12F	E4M	5				
sanofi-aventi	s U.S. Inc. Empl	oyees Political Ac	tion Co	mmittee								لب
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ADDRESS (number and	d street)	Pennsylvania Av	/enue N	W 	1 1 1		1 1	1 1	11	ш		Ш
(Check if add		te _. 725		<u> </u>	111		1 1	1 1	1 1	1 1 1	<u> </u>	ш
is changed)		shington			ш	LP		L	2000	24		لب
COMMITTEE'S E-M/	All ADDRESS		CITY▲			STAT	Έ <u></u>		ZII	P CODE	≣ ▲	
	k@sanofi-aventis	s.com										1
	<u> </u>									шш		—
				шш		Ш				ш		Щ
COMMITTEE'S WEE	B PAGE ADDRESS ((URL)										
				шш		ш				ш		لب
										ш		ш
2. DATE 1	M / D D /	Y Y O Y 8 Y										
3. FEC IDENTIFIC	ATION NUMBER	[C C00	144345								
4. IS THIS STATE	MENT NE	eW (N) OR	X	AMENI	DED (A)							
I certify that I have example or Print Name of		nd to the best of my kno	owledge an	d belief it is tr	ue, correct a	nd comp	lete					
Signature of Treasure	er Electronically Fi	iled by Timothy C	Clark			Date	1	o ^M /	17	7 / Y	Ž	0 0 8
NOTE: Submission of f		omplete information ma	-		_				of 2 U.S.	C. S437	 'g.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commis 0-424-9530		:		FEC (Revis	FOR ed 12/20		

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	FEC	Form 1 (Revised 12/2007)	Page 2			
5.		OMMITTEE (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 ti information below.)	he candidate			
	Name of Candidate					
	Candidate Party Affilia	Office Sought: House Senate President	State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Com					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
Political Action Committee (PAC):						
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
		X Corporation Corporation w/o Capital Stock La	bor Organization			
		Membership Organization Trade Association Co	poperative			
	(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 Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fundr	aising 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 committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Con	nmittees Participating in Joint Fundraiser				
		1. FEC ID number C				
		2. FEC ID number				
		3. FEC ID number				
		4. FEC ID number				
		5 FEC ID number C				

FEC Form 1 (Revised 12)	2007)		Page 3
Write or Type Committee Name			
sanofi-aventis U.S. Inc.	Employees Political Action Committee		
6. Name of Any Connected Org	anization, Affiliated Committee, Leadership PA	C Sponsor or Joint Fundrais	ing Representative
sanofi-aventis U.S. Inc.			
Mailing Address	55 Corporate Drive		
	Bridgewater	NJ	08807
	CITY▲	STATE ▲	ZIP CODE
Relationship:			
X Connected Organization	Affiliated Committee Leadersh	ip PAC Sponsor Joint	t Fundraising Representative
Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number o books and records.	ptional), and position of th	ne person in
Full Name	/ Clark		
Mailing Address	c/o PASS		
	1020 North Fairfax Street 5th	ı Fl.	
	Alexandria	VA	22314
Title or Position ▼ Treasurer	CITY A	STATE & elephone number 202	ZIP CODE 4 - <u>585</u> - <u>3025</u>
	and address (phone number optional) of t designated agent (e.g., assistant treasurer)		ttee; and the
of Treasurer	y Clark		
Mailing Address	801 Pennsylvania Ave NW		
	Suite 725		
	Washington	DC	20004
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer	Т	elephone number	_ 585 _ 3025

FEC Form 1 (Revis	sed 12/2007)	Page 4				
Full Name of Designated Agent	Jay Jennings					
Mailing Address	6240 Woodard Bay Rd. NE	ard Bay Rd. NE				
	Olympia	WA	98506			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A			
Deputy	Treasurer Tel	ephone number				
			olds accounts rents			
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits runas, n	oldo docedino, rento			
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc.	committee deposits runds, n				
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia Bank One West Main Street	committee deposits runds, n	ı			
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. achovia Bank One West Main Street	NJ	ı			
safety deposit boxes or m Name of Bank, Depositor	achovia Bank One West Main Street Somerville					
safety deposit boxes or m Name of Bank, Depositor	achovia Bank One West Main Street Somerville	NJ NJ	08876			
safety deposit boxes or m Name of Bank, Depositor With	achovia Bank One West Main Street Somerville CITY A y, etc.	NJ NJ	08876			
safety deposit boxes or m Name of Bank, Depositor W. Mailing Address	achovia Bank One West Main Street Somerville CITY A y, etc.	NJ STATE △	08876			
safety deposit boxes or m Name of Bank, Depositor Wi Mailing Address Name of Bank, Depositor	achovia Bank One West Main Street Somerville CITY A y, etc.	NJ STATE △	08876			
safety deposit boxes or m Name of Bank, Depositor Wi Mailing Address Name of Bank, Depositor	achovia Bank One West Main Street Somerville CITY A y, etc.	NJ STATE △	08876			

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, hold	s accounts, rents
Name of Bank, Depository, etc.		[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE. △	ZIP CODE 🛕
	anization, Affiliated Committee, Leadership PAC Sponso	r or Joint Fundraisin	[ADDITIONAL] ag Representative
Sanofi Pasteur Political	Action Committee		
Mailing Address	P.O. Box 187		
	Swiftwater	PA L	18370
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Sponso	or Joint Fund	raising Representative
Designated Agent			[ADDITIONAL]
Full Name Juan \	Villa 706 Kensington Road		
Mailing Address	700 Kensington noau		
	Chapel Hill	NC	27514
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
Assistant	Treasurer Telephone	908 e number	477 5060
Joint Fundraiser Participant			[ADDITIONAL]
1	FEC	ID number C	

Image# 28933551483 Form/Schedule: F1A Amending to disclose new Treasurer fax and phone numbers and new Assistant Treasurer. Transaction ID: F1A