

# **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 79 OF 799

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Sanofi US Services Inc. Employees' Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burns, James, C, ,**

Mailing Address One Discovery Drive

City  
Swiftwater

State  
PA

Zip Code  
18370

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanofi US Services Inc.

Occupation (for Individual)  
Dep Director Product Mgmt US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : A2019-3105214**

Amount of Each Receipt this Period

38.46

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Calvert, Deanne, C, ,**

Mailing Address 55 Corporate Drive

City  
Bridgewater

State  
NJ

Zip Code  
08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanofi US Services Inc.

Occupation (for Individual)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 05 / 2019

**Transaction ID : A2019-1670292**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Calvert, Deanne, C, ,**

Mailing Address 55 Corporate Drive

City  
Bridgewater

State  
NJ

Zip Code  
08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanofi US Services Inc.

Occupation (for Individual)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 19 / 2019

**Transaction ID : A2019-1689437**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

438.46