

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

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

FOR LINE NUMBER: PAGE 80 OF 799

(check only one)

☒ 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. 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 ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 02 / 2019

Transaction ID : A2019-1771999

Amount of Each Receipt this Period

200.00

☐ 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 ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2019

Transaction ID : A2019-2192086

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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2019

Transaction ID : A2019-2072437

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)..... ►

600.00