

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

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

FOR LINE NUMBER: PAGE 82 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 ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2019

Transaction ID : A2019-2642168

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 ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : A2019-2774472

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 ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2019

Transaction ID : A2019-2790792

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

600.00

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