

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

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

FOR LINE NUMBER: PAGE 618 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. Smith, L. Shawn, O, ,

Mailing Address One Discovery Drive

City
SwiftwaterState
PAZip Code
18370FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
Professional Key Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

Transaction ID : A2019-2641957

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Smith, L. Shawn, O, ,

Mailing Address One Discovery Drive

City
SwiftwaterState
PAZip Code
18370FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
Professional Key Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID : A2019-2775094

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Smith, L. Shawn, O, ,

Mailing Address One Discovery Drive

City
SwiftwaterState
PAZip Code
18370FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
Professional Key Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID : A2019-2790673

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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