

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

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

FOR LINE NUMBER: PAGE 619 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2019

Transaction ID : A2019-2972859

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 ▼

520.00

Date of Receipt

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

Transaction ID : A2019-3105223

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Smith, Lynn, L, ,

Mailing Address One Discovery Drive

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

C

Name of Employer (for Individual)

Sanofi Pasteur Inc.

Occupation (for Individual)

VP ComOps Compliance Americas

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2019

Transaction ID : A2019-2642816

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

5040.00