

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)

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☒ 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. Boeckle, Erica, A, ,

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)

DCV DIA Sr Area Business Leader A1C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : A2019-1379412

Amount of Each Receipt this Period

26.00

☐ Memo Item

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

B. Boone, Gavin, W, ,

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)

DCV DIA Sr Sales Prof A1DE103S

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
03 / 29 / 2019

Transaction ID : A2019-568436

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

C. Boykin, Samuel, S, ,

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)

DCV Hospital Exec Account Prof AWB1

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2019

Transaction ID : A2019-373312

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

8026.00

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