

# **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. Folsom, Scott, D, ,**

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 CV Spec Exec Sales Prof A2Z6C1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2019

**Transaction ID : A2019-849817**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**B. Folsom, Scott, D, ,**

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 CV Spec Exec Sales Prof A2Z6C1

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  
06 / 18 / 2019

**Transaction ID : A2019-1355665**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

**C. Fouts, Theo, V, ,**

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)  
Oncology Transplant Network Mgr N1TC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2019

**Transaction ID : A2019-524227**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

5100.00