

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

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

FOR LINE NUMBER: PAGE 513 OF 654

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Sunovion Pharmaceuticals Inc. Good Governance Fund**

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

A. Sheltry, Maureen, , ,

Mailing Address 42 8th Street Unit # 1318

City

Charlestown

State

MA

Zip Code

02129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sunovion Pharmaceuticals

Occupation (for Individual)

Sr Director Marketing.LSDIR35

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2019

Transaction ID : SA11Al.38474

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

B. Sheltry, Maureen, , ,

Mailing Address 42 8th Street Unit # 1318

City

Charlestown

State

MA

Zip Code

02129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sunovion Pharmaceuticals

Occupation (for Individual)

Sr Director Marketing.LSDIR35

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2019

Transaction ID : SA11Al.38777

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

C. Shepherd, James, , ,

Mailing Address 84 Waterford

City

Marlborough

State

MA

Zip Code

01752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sunovion Pharmaceuticals

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2019

Transaction ID : SA11Al.36672

Amount of Each Receipt this Period

35.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

85.00

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