

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

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

FOR LINE NUMBER: PAGE 516 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. 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 ▼

455.00

Date of Receipt

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

Transaction ID : SA11AI.38778

Amount of Each Receipt this Period

35.00

☐

Memo Item

Bi-Weekly Payroll Deduction

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

B. Sherman, Theodore, , ,

Mailing Address 84 Waterford Dr.

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2019

Transaction ID : SA11AI.35650

Amount of Each Receipt this Period

20.00

☐

Memo Item

Bi-Weekly Payroll Deduction

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

C. Sherman, Theodore, , ,

Mailing Address 84 Waterford Dr.

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2019

Transaction ID : SA11AI.35387

Amount of Each Receipt this Period

20.00

☐

Memo Item

Bi-Weekly Payroll Deduction

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

75.00

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