

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

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

FOR LINE NUMBER: PAGE 359 OF 957

(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. Henton, Bret, A, ,

Mailing Address 55 Corporate Drive

City
BridgewaterState
NJZip Code
08807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
DCV CV Specialty Sales Prof ACBVC08

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4445.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2017

Transaction ID : A2017-2155458

Amount of Each Receipt this Period

3900.00

☐ Memo Item

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

B. Herman, Thomas, M, ,

Mailing Address 55 Corporate Drive

City
BridgewaterState
NJZip Code
08807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
DCV CVSP Sr Area Bus Leader AEAY0

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2017

Transaction ID : A2017-1857464

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

C. Herman, Thomas, M, ,

Mailing Address 55 Corporate Drive

City
BridgewaterState
NJZip Code
08807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanofi US Services Inc.Occupation (for Individual)
DCV CVSP Sr Area Bus Leader AEAY0

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2017

Transaction ID : A2017-1889437

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

3930.00

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