

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

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

FOR LINE NUMBER: PAGE 12 OF 16

(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 ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2020

Transaction ID : SA11AI.40554

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. 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 ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2020

Transaction ID : SA11AI.40833

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

C. Warden, Livia, , ,

Mailing Address 7 Edwin Miller Dr

City

Glen Mills

State

PA

Zip Code

19342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sunovion Pharmaceuticals

Occupation (for Individual)

Area Sales Director.SMG23

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2020

Transaction ID : SA11AI.40585

Amount of Each Receipt this Period

35.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

105.00

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