

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

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

FOR LINE NUMBER: PAGE 14 OF 74

(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. Calvert, Deanne, C, ,

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)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : A2020-1071369

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Calvert, Deanne, C, ,

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)  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2020

Transaction ID : A2020-1168853

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Carbonaro, Thomas, P, ,

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)  
Head of ITS CHC North America

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  
05 / 08 / 2020

Transaction ID : A2020-1071443

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

430.00

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