

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11AI.41096

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 ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2020

Transaction ID : SA11AI.41363

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. Smith, Donald, , ,

Mailing Address 6089 Hagar's Grove Pass

City

Hermitage

State

TN

Zip Code

37076

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sunovion Pharmaceuticals

Occupation (for Individual)

Institutional Account Spec

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2020

Transaction ID : SA11AI.41368

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

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

95.00