

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

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

FOR LINE NUMBER: PAGE 42 OF 51
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2020

Transaction ID : SA11AI.41444

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 ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2020

Transaction ID : SA11AI.41910

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2020

Transaction ID : SA11AI.41542

Amount of Each Receipt this Period

25.00

☐ Memo Item

Bi-Weekly Payroll Deduction

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

95.00

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