

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 62

(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
BridgewaterState
NJZip Code
08807FEC 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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2020

Transaction ID : A2020-865488

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Carbonaro, Thomas, P, ,

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)
Head of ITS CHC North America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2020

Transaction ID : A2020-849919

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

C. Carbonaro, Thomas, P, ,

Mailing Address 55 Corporate Drive

City
BridgewaterState
NJZip Code
08807FEC 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2020

Transaction ID : A2020-865536

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

260.00

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