

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		77551.35
(b) Cash on Hand at Beginning of Reporting Period.....	81744.27	
(c) Total Receipts (from Line 19)	4629.34	9266.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	86373.61	86817.61
7. Total Disbursements (from Line 31).....	10836.42	11280.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75537.19	75537.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3846.00	6538.20
(ii) Unitemized	346.92	1847.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4192.92	8385.84
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4192.92	8385.84
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	436.42	880.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4629.34	9266.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4629.34	9266.26

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	436.42	880.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	436.42	880.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10400.00	10400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10836.42	11280.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10836.42	11280.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4192.92	8385.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4192.92	8385.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	436.42	880.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	436.42	880.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)
Regeneron Pharmaceuticals, Inc. PAC

A. Ned Braunstein
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Regulatory Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **769.20**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4572
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

B. Scott Carver
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP- Clinical Scale Mfg. & Sciences
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **384.60**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4563
Amount of Each Receipt this Period **192.30**
 Memo Item
\$96.15 Bi-weekly payroll deduction

C. Christopher Daly
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Director - Oncology & Angiogenesis
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **384.60**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4561
Amount of Each Receipt this Period **192.30**
 Memo Item
\$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **769.20**
TOTAL This Period (last page this line number only).....

**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)	PAGE 7 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Chris Fenimore

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Financial Planning

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period **192.30**

Memo Item
\$96.15 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Patrice Gilooly

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - QA & Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period **192.30**

Memo Item
Bi-weekly payroll deduction: \$96.15

Full Name (Last, First, Middle Initial)
C. Joseph LaRosa

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - General Counsel & Secretary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4565

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	769.20
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Scott Mellis
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Clinical Sciences Trans. Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

B. Hala Mirza
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Corporate Communications

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

C. Andrew Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Research Regeneron Labs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period **384.60**

Memo Item
\$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **1153.80**

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

**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)	PAGE 9 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. William Olson
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Research & Development
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **769.20**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4564
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

B. Tor Smeland
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Exec. Dir. - Assistant General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **769.20**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4571
Amount of Each Receipt this Period **384.60**
 Memo Item
\$192.30 Bi-weekly payroll deduction

C. Robert Vitti
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C**
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP Clinical Sciences - Ophthalmology
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **384.60**

Date of Receipt **02 / 19 / 2016**
Transaction ID : SA11AI.4579
Amount of Each Receipt this Period **192.30**
 Memo Item
\$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **961.50**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 14
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Mark Volpe
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Vice President - Taxes

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **02 / 19 / 2016**

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period **192.30**

Memo Item
\$96.15 Bi-weekly payroll deduction

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.30
TOTAL This Period (last page this line number only).....▶	3846.00

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

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

FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Regeneron Pharmaceuticals, Inc.

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.42

Date of Receipt
MM / DD / YYYY
02 / 17 / 2016

Transaction ID : SA15.4592

Amount of Each Receipt this Period
436.42

Memo Item
Reimbursement of Expenses - Bank fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	436.42
TOTAL This Period (last page this line number only).....▶	436.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank, NA

Mailing Address Two Corporate Drive

City Shelton State CT Zip Code 06484

Purpose of Disbursement
Bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4581

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City State Zip Code
ELMHURST NY 11373

Purpose of Disbursement
Political Contribution

011

Candidate Name

JOSEPH CROWLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : **SB23.4582**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City State Zip Code
NEW YORK NY 10016

Purpose of Disbursement
Political Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SB23.4588**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City State Zip Code
NEW YORK NY 10016

Purpose of Disbursement
Political Contribution

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : **SB23.4591**

Amount of Each Disbursement this Period

2700.00

Memo Item

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

7900.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Regeneron Pharmaceuticals, Inc. PAC

Full Name (Last, First, Middle Initial)

A. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
THOMAS W II REED

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : **SB23.4585**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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