

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Regeneron Pharmaceuticals, Inc. PAC**

ADDRESS (number and street) **777 Old Saw Mill River Road**  
Check if different than previously reported. (ACC) **Tarrytown NY 10591**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00562264** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2021 through  /  /  2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Landry, Robert, E., ,  
Type or Print Name of Treasurer

Signature of Treasurer Landry, Robert, E., , [Electronically Filed] Date  /  /  2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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="2021"/>	<input type="text" value="79089.83"/>	<input type="text" value="79089.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="114409.95"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5837.94"/>	<input type="text" value="64278.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="120247.89"/>	<input type="text" value="143368.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35844.98"/>	<input type="text" value="58965.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84402.91"/>	<input type="text" value="84402.91"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

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).....	5492.96	55228.76
(ii) Unitemized .....	0.00	4084.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5492.96	59313.08
(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) .....	5492.96	59313.08
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).....	344.98	3465.38
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
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)).....▶	5837.94	64278.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5837.94	64278.46

**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 .....	344.98	3465.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	344.98	3465.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	55500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	35844.98	58965.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35844.98	58965.38

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5492.96	59313.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5492.96	59313.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	344.98	3465.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	344.98	3465.38
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 22
	(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. Anderson, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Staff Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7418**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25.00 Bi-Weekly payroll deduction

**B. Bermingham, Maya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Gov. Affairs & Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7434**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**C. Bernstein, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Exec Dir IT Strategic Projects & Compl  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7437**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	454.00
<b>TOTAL</b> 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 22
	<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. Braunstein, Ned, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7436**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**B. Carver, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP- Clin. Scale Mfg. & Proc. Sciences  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7419**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. Chen, Gang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Protein Expression Sciences  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7433**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	676.30
<b>TOTAL</b> 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 22
<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. Daly, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Exec. Dir. - Oncology & Angiogenesis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7417**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**B. Fairhurst, Jeanette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Director, Therapeutic Antibodies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7424**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**C. Fenimore, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Controller  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7423**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.60
<b>TOTAL</b> 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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Geba, Gregory, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Global Dev & Scientific Advisory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7439**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

**B. Gilooly, Patrice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - QA & Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7440**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. Haddad, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Assoc. Director - Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7442**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> 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 10 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Herman, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Senior Vice President - Early Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7430**  
 Amount of Each Receipt this Period 154.00  
 Memo Item  
 \$77 Bi-weekly payroll deduction

**B. Holly, Beth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Associate GC & CCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7426**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**C. Korja, Nisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Director, Public Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7432**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 \$20 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	294.00
<b>TOTAL</b> 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 11 OF 22
	(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

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

**A. LaFond, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Exec. Sr. Dir.-Scale Up & Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7431**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \$25 Bi-weekly payroll deduction

**B. LaRosa, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) EVP - General Counsel & Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7421**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**C. Mellis, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Clinical Sciences Trans. Medicine  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7438**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 819.20  
**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:	PAGE 12 OF 22
	(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"/> 12
		<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. Murphy, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) EVP, Research - Regeneron Labs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7444**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**B. Olson, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Research & Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7420**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**C. Paull, Sally, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Vice President - Human Resources  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7428**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1153.20  
**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 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rideman, Ronald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Dir. Medical Affairs Early Phase Dev.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7425**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 \$10 Bi-weekly payroll deduction

**B. Soo, Yuhwen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Biostatistics and Data Mgmt, Clinic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7435**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**C. Thurston, Olin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Oncology Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7429**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 \$100 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.00
<b>TOTAL</b> 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 14 OF 22
	<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. Vitti, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Clinical Sciences - Ophthalmology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7441**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**B. Volpe, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Vice President - Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7422**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. Volpe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Dir. Gvt. Affairs & Public Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI.7443**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	461.52
<b>TOTAL</b> 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 15 OF 22
(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	<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zambrowicz, Brian, , ,**

Mailing Address **777 Old Saw Mill River Road**

City <b>Tarrytown</b>	State <b>NY</b>	Zip Code <b>10591</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Regeneron Pharmaceuticals Inc.</b>	Occupation (for Individual) <b>SVP - Functional Genomics and Chief V</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2100.00**

Date of Receipt  
**10 / 22 / 2021**

**Transaction ID : SA11AI.7427**

Amount of Each Receipt this Period  
**200.00**

Memo Item  
**\$100 Bi-weekly payroll deduction**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5492.96</b>

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

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

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**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 (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3465.38

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2021

**Transaction ID : SA15.7446**

Amount of Each Receipt this Period  
 344.98

Memo Item  
 Reimbursement of Expenses - Bank Fees

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	344.98
<b>TOTAL</b> This Period (last page this line number only).....▶	344.98



**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"/> 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) <b>A. JP Morgan Chase Bank, NA</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021	
Mailing Address Two Corporate Drive		FEC Identification Number C [ ]	
City Shelton	State CT	Zip Code 06484	Transaction ID : <b>SB21B.7447</b>
Purpose of Disbursement Bank Fees		Category/ Type 001	Amount of Each Disbursement this Period 344.98
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	344.98
<b>TOTAL</b> This Period (last page this line number only).....▶	344.98

**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"/> 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) <b>A. CLARKE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address PO BOX 250200		FEC Identification Number C 000415331 <b>Transaction ID : SB23.7458</b>
City BROOKLYN	State NY	Zip Code 11225
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>CLARKE, YVETTE, , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 09	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MAZIE HIRONO</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address PO BOX 677		FEC Identification Number C 000420760 <b>Transaction ID : SB23.7454</b>
City HONOLULU	State HI	Zip Code 96809
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>HIRONO, MAZIE K., , ,</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: HI	District: 00	

Full Name (Last, First, Middle Initial) <b>C. GETTING STUFF DONE PAC (GSD-PAC)</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address PO BOX 7586		FEC Identification Number C 000571182 <b>Transaction ID : SB23.7462</b>
City PHOENIX	State AZ	Zip Code 85011
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

6000.00

**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"/> 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**

**A. GRASSLEY COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement Political Contribution

Candidate Name  
**Grassley, Charles E, , ,**

Office Sought:  House  Senate  President  
State: IA District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 15 / 2021

FEC Identification Number: **C00230482**  
Transaction ID : **SB23.7459**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. MADISON PAC; THE**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 STATE STREET #206

City SPRINGFIELD State MA Zip Code 01103

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement: 10 / 15 / 2021

FEC Identification Number: **C00426809**  
Transaction ID : **SB23.7460**  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**C. PAC UNITATIS**

Full Name (Last, First, Middle Initial)  
Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement Political Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 15 / 2021

FEC Identification Number: **C00693127**  
Transaction ID : **SB23.7449**  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11000.00

**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"/> 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**

**A. PAUL TONKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 911 CENTRAL AVENUE  
# 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**TONKO, PAUL DAVID, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2021

FEC Identification Number

C C00450049

Transaction ID : SB23.7448

Amount of Each Disbursement this Period

5000.00

Memo Item

**B. REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2021

FEC Identification Number

C C00433060

Transaction ID : SB23.7452

Amount of Each Disbursement this Period

5000.00

Memo Item

**C. ROBIN KELLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3411

City CHICAGO State IL Zip Code 60654

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**KELLY, ROBIN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: IL District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2021

FEC Identification Number

C H2IL02172

Transaction ID : SB23.7465

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

11000.00

**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"/> 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**

**A. SCOTT PETERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 22074

City SAN DIEGO State CA Zip Code 92192

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name  
**PETERS, SCOTT, , ,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2021

FEC Identification Number

C C00503110

Transaction ID : SB23.7451

Amount of Each Disbursement this Period

2500.00

Memo Item

**B. SUOZZI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 669

City GLEN COVE State NY Zip Code 11542

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name  
**SUOZZI, THOMAS, , ,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 03

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2021

FEC Identification Number

C C00607200

Transaction ID : SB23.7461

Amount of Each Disbursement this Period

2500.00

Memo Item

**C. TIM SCOTT FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name  
**SCOTT, TIMOTHY E, , ,**

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2021

FEC Identification Number

C C00540302

Transaction ID : SB23.7464

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

**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"/> 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) <b>A. UPTON FOR ALL OF US</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2021
Mailing Address PO BOX 490		FEC Identification Number C 00200584 <b>Transaction ID : SB23.7450</b>
City SAINT JOSEPH State MI Zip Code 49085	Purpose of Disbursement Political Contribution	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>UPTON, FREDERICK STEPHEN, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	<input type="checkbox"/> Memo Item
Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City State Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City State Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	35500.00