Image# 14970748093 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Author	nzea Committee	Of	ffice Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Regeneron Pharmaceu	iticals, 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 NU	MBER ▼ CITY ▲	_	STATE A	ZIP CODE ▲
C C00562264	3. IS TI		AMEN (A)	IDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	(c) 12-Day	(M3) Jun 20 (M6)	Aug 20 X Sep 20 Oct 20 (General (120)	(M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE)
October 15 Quarterly Report (Q: January 31 Year-End Report (YI	Heport for the:	Convention (12C)	Special (12S	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n	Y Y Y Y Y	in the State of
5. Covering Period 08	01 2014	through 08	31 Y	2014
I certify that I have examined thi	s Report and to the best of my	knowledge and belief it is tr	ue, correct and co	omplete.
Type or Print Name of Treasurer	Robert E. Landry			
Signature of Treasurer Rober	t E. Landry	[Electronically Filed]	Date 09	10 / 2014
NOTE: Submission of false, errone	ous, or incomplete information m	ay subject the person signing	this Report to the p	penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004

Г	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
V	/rite or Type Committee Name		
F	Regeneron Pharmaceuticals, Inc	c. PAC	
R	eport Covering the Period: From:	08 01 2014	To: 08 31 / 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		0.00
	(b) Cash on Hand at Beginning of Reporting Period	4902.03	
	(c) Total Receipts (from Line 19)	392.07	5525.42
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5294.10	5525.42
7.	Total Disbursements (from Line 31)	294.10	525.42
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5000.00	5000.00
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 mul-	ticandidate 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

I. Receipts tions (other than loans) From: viduals/Persons Other in Political Committees Itemized (use Schedule A) Unitemized	COLUMN A Total This Period 0.00 0.00 0.00 0.00 0.00 0.00	COLUMN B Calendar Year-to-Date 5000.00 0.00 0.00 0.00 5000.00
viduals/Persons Other in Political Committees Itemized (use Schedule A) Unitemized	0.00 0.00 0.00 0.00	0.00 5000.00 0.00
In Political Committees Itemized (use Schedule A)	0.00 0.00 0.00 0.00	0.00 5000.00 0.00
Unitemized	0.00 0.00 0.00 0.00	0.00 5000.00 0.00
Unitemized TOTAL (add Lines 11(a)(i) and (ii) tical Party Committees er Political Committees ch as PACs) al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other	0.00 0.00 0.00 0.00	0.00 5000.00 0.00
TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
Lines 11(a)(i) and (ii)	0.00	0.00
tical Party Committees	0.00	0.00
er Political Committees ch as PACs)	0.00	0.00
er Political Committees ch as PACs)	0.00	0.00
ch as PACs)		
al Contributions (add Lines a)(iii), (b), and (c)) (Carry als to Line 33, page 5) s From Affiliated/Other	0.00	5000.00
a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0.00	5000.00
als to Line 33, page 5)s From Affiliated/Other	0.00	5000.00
s From Affiliated/Other		
ommittees		
	0.00	0.00
s Received	0.00	0.00
epayments Received	0.00	0.00
		7
· · · · · · · · · · · · · · · · · · ·	392.07	525.42
of Contributions Made		
al Candidates and Other		
Committees	0.00	0.00
ederal Receipts		
	0.00	0.00
m Schedule H3)	0.00	0.00
_		
Funds (from Schedule H5)	0.00	0.00
Transfers (add 18(a) and 18(b))	0.00	0.00
	To Operating Expenditures s, Rebates, etc.) Totals to Line 37, page 5) Tofals to Line 37,	To Operating Expenditures s, Rebates, etc.) otals to Line 37, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calcinual Teal-to-Date		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) Federal Share				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	294.10	525.42		
	(c) Total Operating Expenditures	294.10	525.42		
,	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	294.10	323.42		
•	Committees	0.00	0.00		
	Contributions to				
	Federal Candidates/Committees and Other Political Committees	0.00	0.00		
	Independent Expenditures				
	(use Schedule E)	0.00	0.00		
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00			
	(use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loan riepayments made		3.50		
	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	0.00	0.00		
	i				
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Other Disbursements	0.00	0.00		
		, , , , , , , , , , , , , , , , , , , ,			
	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	0.00	0.00		
	(i) i edelai oliale				
	(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		
	Total Dishuranments (add Lines 04/s) 00				
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	204.40	505.40		
	20, 24, 20, 20, 21, 20(u), 29 and 30(c)).	294.10	525.42		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	294.10	525.42		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	5000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	5000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	294.10	525.42
7. Offsets to Operating Expenditures (from Line 15, page 3)	392.07	525.42
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-97.97	0.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 7 (check only one)
		13 14 X 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. F	ne and address of any political committee	
Tarrytown FEC ID number of contributing federal political committee. Name of Employer Oct	State Zip Code NY 10591 C ccupation ggregate Year-to-Date ▼ 231.32	Date of Receipt 08 14 2014 Transaction ID: SA15.4119 Amount of Each Receipt this Period 97.97 Reimbursement of previously paid admin. expens (i.e., bank fees)
Tarrytown FEC ID number of contributing federal political committee. Name of Employer Oct	State Zip Code NY 10591 C ccupation ggregate Year-to-Date ▼ 525.42	Date of Receipt 08 20 2014 Transaction ID: SA15.4120 Amount of Each Receipt this Period 294.10 Reimbursement of previously paid admin. expens (i.e., bank fees)
FEC ID number of contributing federal political committee. Name of Employer Oct	State Zip Code Coupation ggregate Year-to-Date ▼	Date of Receipt M = M / D = D / Y = Y = Y = Y Amount of Each Receipt this Period
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		392.07
TOTAL This Period (last page this line number only))	392.07

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 7 OF 7					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	T (OITCOK OI						
	Detailed Summary Page	X 21k	22 28a	23 28b	24 28c	25 29	26 30b	
Any information copied from such Reports and State	ments may not be cold or ::							
or for commercial purposes, other than using the nar	ne and address of any polit	ical committee	to solicit co	ntributions f	from such o	committ	ee	
NAME OF COMMITTEE (In Full)								
Regeneron Pharmaceuticals, Inc. l	PAC							
Full Name (Last, First, Middle Initial)								
A. JP Morgan Chase Bank, NA			Date of Disbursement					
Mailing Address Two Corporate Drive			08	15				
•	State Zip Code		Trans	saction ID :	SR21R 413	21		
Shelton Purpose of Disbursement	CT 06484	<u> </u>		saction ib .	00210.412	-1		
Bank Fees		001	Amoun	t of Each D	Disbursemer	nt this F	Period	
Candidate Name		Category/			294.10	10		
Office Sought: House Disburse		Type				294	. 10	
Office Sought: House Disburser Senate	ment For: Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Data a	f Dialassus aus				
В.			Date o	f Disbursem		Y	V	
Mailing Address] / [] - [Y = Y =	Y	
City	State Zip Code							
Purpose of Disbursement			1					
Candidate Name			Amoun	t of Each D	Disbursemer	nt this F	Period	
Canadato Name		Category/ Type						
Office Sought: House Disburser	ment For:	, , ,		·				
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C.			Date o	f Disbursem	nent			
Mailing Address			M = M	/ D D) / Y	Y	Υ	
Mailing Address				-				
City	State Zip Code							
Purpose of Disbursement			\dashv					
			Amount of Each Disbursement this Period				Period	
Candidate Name		Category/ Type						
Office Sought: House Disburser	ment For:	Type	-		- 1			
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		k				294	.10	
(optional).			-		-			
TOTAL This Period (last page this line number only))	·····				294	.10	