

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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert E. Landry

Signature of Treasurer Robert E. Landry [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		22658.61
(b) Cash on Hand at Beginning of Reporting Period.....	64394.58	
(c) Total Receipts (from Line 19)	5011.51	50247.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69406.09	72905.79
7. Total Disbursements (from Line 31).....	2933.99	6433.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66472.10	66472.10
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).....	4507.52	43837.00
(ii) Unitemized	70.00	2476.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4577.52	46313.49
(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)	4577.52	46313.49
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).....	433.99	3933.69
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))..... ▶	5011.51	50247.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5011.51	50247.18

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	433.99	3933.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	433.99	3933.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
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)) ..	2933.99	6433.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2933.99	6433.69

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)	4577.52	46313.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4577.52	46313.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	433.99	3933.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	433.99	3933.69
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: (check only one)	PAGE 6 OF 14
	<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	

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

Full Name (Last, First, Middle Initial)
A. Keith Anderson

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. Staff Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period **50.00**

Bi-weekly payroll deduction: \$25.00

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

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 ▼ **3653.70**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period **384.60**

Bi-weekly payroll deduction: \$192.30

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

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 ▼ **1826.85**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period **192.30**

Bi-weekly payroll deduction: \$96.15

SUBTOTAL of Receipts This Page (optional)..... **626.90**

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"/> 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

Full Name (Last, First, Middle Initial)
A. Christopher Daly

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 ▼ **1826.85**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period **192.30**

Bi-weekly payroll deduction: \$96.15

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

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 Senior Manager-Therapeutic Antibodies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period **100.00**

Bi-weekly payroll deduction: \$50.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1826.85**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period **192.30**

Bi-weekly payroll deduction: \$96.15

SUBTOTAL of Receipts This Page (optional)..... **484.60**

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. Gregory Geba
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc.	Occupation VP Deputy Head - Clinical Development
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period

76.92

Bi-weekly payroll deduction: \$38.46

B. Patrice Gilooly
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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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 ▼ **1826.85**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4420

Amount of Each Receipt this Period

192.30

Bi-weekly payroll deduction: \$96.15

C. Joseph LaRosa
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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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 ▼ **3653.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period

384.60

Bi-weekly payroll deduction: \$192.30

SUBTOTAL of Receipts This Page (optional).....▶	653.82
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 9 OF 14
(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

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

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3653.70**

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11AI.4403

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

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

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3653.70**

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11AI.4402

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

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

Mailing Address 777 Old Saw Mill River Road

City State Zip Code
 Tarrytown NY 10591

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt
 09 / 18 / 2015
Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

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:	PAGE 10 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

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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
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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 ▼
3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

B. Jeffrey Skulsky
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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FEC ID number of contributing federal political committee. **C**

Name of Employer Regeneron Pharmaceuticals Inc.	Occupation VP - Info Systems and Technologies
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

C. Tor Smeland
Full Name (Last, First, Middle Initial)
Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
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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 ▼
3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2015

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period
384.60

Bi-weekly payroll deduction: \$192.30

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 11 OF 14
	<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. 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 ▼ **1153.80**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period **192.30**

Bi-weekly payroll deduction: \$96.15

B. 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 Executive Director - Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1826.85**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period **192.30**

Bi-weekly payroll deduction: \$96.15

C. Stephen Westing
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 Dir. Med Aff. - Ophthalmology Sciences

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **09 / 18 / 2015**

Transaction ID : SA11AI.4421

Amount of Each Receipt this Period **50.00**

Bi-weekly payroll deduction: \$25.00

SUBTOTAL of Receipts This Page (optional).....	434.60
TOTAL This Period (last page this line number only).....	4507.52

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 14
(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

Full Name (Last, First, Middle Initial)
A. 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 ▼
3933.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015
Transaction ID : SA15.4424

Amount of Each Receipt this Period
433.99

Reimbursement of previously paid admin. expenses (i.e., bank fees)

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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	433.99
TOTAL This Period (last page this line number only).....▶	433.99

**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.4425

Amount of Each Disbursement this Period

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

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

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

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

Full Name (Last, First, Middle Initial)

A. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
Political Contribution

011

Candidate Name
LEONARD LANCE

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB23.4431

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Political Contribution

011

Candidate Name
PATTY MURRAY

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : SB23.4427

Amount of Each Disbursement this Period

1000.00

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00