FEC FORM 3X

01/30/2016 14 : 52

PAGE 1 / 15

REPO	ORT	OF	REC	EIPTS
AND	DIS	BUF	RSEN	IENTS

For Other Than An Authorized Committee

_									Offic	ce Use Only	
1.	NAME OF COMMITTEE (in f		e or prin	NT 🔻		imple: If typi r the lines.	ing, type	12FE	4M5		
R	Regeneron Pha	irmaceutic	als, Inc.	PAC				1 1 1			1
					Deed						
AD	DRESS (number and		77 Old Saw								
C	Check if different than previous reported. (AC	Iy г	arrytown					NY		0591	-
2.	FEC IDENTIFICA	TION NUMB	ER 🔻		CITY 🔺		S		•	ZIP CC	
	C C00562264			:	3. IS THIS REPORT		NEW (N) OR		AMEND (A)	ED	
4.	(Choose One)	ORT	(b) Monthly Report		Feb 20 (M2)		May 20 (M5)		Aug 20 (N	//8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:	Due On		Mar 20 (M3)		Jun 20 (M6)		Sep 20 (N	/l9)	Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (N	110) X	Jan 31 (YE)
	Quarterly	Report (Q1)		-Day		Primary (12	P)	Ge	neral (12G)		Runoff (12R)
	Quarterly	Report (Q2)		E-Electior		Convention	(12C)	Spe	ecial (12S)		
	Quarterly	I5 Report (Q3)						-			
	January 3 Year-End	31 Report (YE)		E	lection on	M M /		YY	Y Y	in the State o	of
	July 31 M Report (N Year Only	lon-election	PC	-Day)ST -Election port for th	· •	General (30	G)	Ru	noff (30R)		Special (30S)
	Terminatio (TER)	on Report	ne		ie.	M M /	D D /	Y Y	Y Y	in the	
	(1211)			E	lection on					State of	of
5.	Covering Period	12	01)15	through	M M 12	/ D 31	D / Y	y y y 2015	
l ce	ertify that I have exa	amined this R	eport and	to the be	st of my kno	wledge and	belief it is tru	e, corre	ct and con	nplete.	
Тур	e or Print Name of	Treasurer F	Robert E. La	ndry							
									M M /	DD/	Y Y Y Y
Sig	nature of Treasurer	Robert E.	Landry			[Electronical	ly Filed] D	ate	01	30	2016
NO	TE: Submission of fa	llse, erroneous	, or incomp	lete inforn	nation may su	ubject the per	rson signing th	is Repo	rt to the pe	nalties of 2	U.S.C. §437g.
	Office								F	EC FOF	RM 3X
	Use Only									Rev. 12/2	

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Regeneron Pharmaceuticals, Inc	c. PAC	
Report Covering the Period: From:	12 01 / Y Y Y Y Y 12 01 To	: 12 ^{D D /} 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2015		22658.61
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		70829.55
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 		93488.16
7. Total Disbursements (from Line 31)	4133.39	15936.81
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	. 77551.35	77551.35
 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 		
 Debts and Obligations Owed BY the Committee (Itemize all on 		

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

Schedule C and/or Schedule D)

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

Page 3

70829.55

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From:	/ D D / Y	To: 12 / D D / Y Y Y 31 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		1
(a) Individuals/Persons Other		
Than Political Committees	9048.45	63081.25
(i) Itemized (use Schedule A)		
(ii) Unitemized	10.00	2511.49
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	9058.45	65592.74
	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 Contributions (add Lines	7 7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	9058.45	65592.74
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. All Loans Received		
Lean Danaymente Dessived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	433.39	5236.81
. Refunds of Contributions Made	/9 /9 /0	/7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	9491.84	70829.55
Total Federal Receipts		

9491.84

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......► I

DETAILED SUMMARY PAGE

of Disbursements

Page 4 COLUMN B Calendar Year-to-Date	
0.0	
0.0	
5236.8	
5236.8	
0.0	
10700.00	
0.0	
0.0	
0.00	
0.00	
0.0	
0.0	
0.0	
0.0	
0.0	
0.0	
0.0	
0.0	
0.00	
15936.8	
15936.81	

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9058.45	65592.74
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	9058.45	65592.74
add Line 21(a)(i) and Line 21(b))►	433.39	5236.81
 Offsets to Operating Expenditures (from Line 15, page 3) 	433.39	5236.81
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

15

116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals,	Inc. PAC		
A.	Full Name (Last, First, Middle Initial) Keith Anderson Mailing Address 777 Old Saw Mill River Roa	d State	Zip Code	Date of Receipt
-	Tarrytown	NY	10591	Transaction ID : SA11AI.4496 Amount of Each Receipt this Period
t	FEC ID number of contributing ederal political committee.	C		50.00 Payroll Deduction: \$25.00
I	Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify)	Occupation Sr. Staff Sc Aggregate		
B.	Full Name (Last, First, Middle Initial) Kenneth Bernstein	Date of Receipt		
	Mailing Address 777 Old Saw Mill River Roa			
		State NY	Zip Code	Transaction ID : SA11AI.4497
-	Tarrytown FEC ID number of contributing federal political committee.	С	10591	Amount of Each Receipt this Period
I	Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Senior Man	ager - IT Operations	\$10.00 Bi-weekly payroll deduction
ļ	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]
	Full Name (Last, First, Middle Initial) Ned Braunstein			Date of Receipt
	Mailing Address 777 Old Saw Mill River Roa	12 24 2015		
	City Tarrytown	State NY	Zip Code 10591	Transaction ID : SA11AI.4498 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		384.60 \$192.30 Bi-weekly payroll deduction
]	Name of Employer	Occupation		
	Regeneron Pharmaceuticals Inc.	Sr. VP - Re	gulatory Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80]
รเ	JBTOTAL of Receipts This Page (optional).			454.60

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

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

15

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals,	Inc. PAC		
Full Name (Last, First, Middle Initial) A. Scott Carver Mailing Address 777 Old Saw Mill River Road City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP- Clinica	Zip Code 10591 Scale Mfg. & Sciences Year-to-Date ▼ 2499.90	Date of Receipt 12 24 2015 Transaction ID : SA11AI.4499 Amount of Each Receipt this Period 192.30 \$96.15 Bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) B. Christopher Daly Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director - O	Zip Code 10591 ncology & Angiogenesis Year-to-Date ▼ 2499.90	Date of Receipt 12 24 2015 Transaction ID : SA11AI.4500 Amount of Each Receipt this Period 192.30 \$96.15 Bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) C. Jeanette Fairhurst Mailing Address 777 Old Saw Mill River Rost City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Senior Mar	Zip Code 10591 hager-Therapeutic Antibodies Year-to-Date ▼ 1300.00	Date of Receipt 12 24 2015 Transaction ID : SA11AI.4501 Amount of Each Receipt this Period 100.00 \$50.00 Bi-weekly payroll deduction
SUBTOTAL of Receipts This Page (optional)			484.60

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

			Detailed Summary Page		X 11a	11b	11c	12				
			Botalioù Summary Fago		13	14	15	16	17			
	/ information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
\rangle	Regeneron Pharmaceuticals, Inc	. PAC										
	Full Name (Last, First, Middle Initial) Chris Fenimore				Date of I	Receipt						
	Mailing Address 777 Old Saw Mill River Road				12	/ D 1		ү ү 2015	Y			
	City	State	Zip Code	L	Transa	ction ID :	SA11AI.	4502				
	Tarrytown	NY	10591		Amount of	of Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С						192				
	Name of Employer	Occupation			\$96.15 Bi	weekly pa	ayroll ded	uction				
	Regeneron Pharmaceuticals Inc.	VP - Financ	cial Planning									
	Receipt For:			_								
	Primary General	Aggregate	Year-to-Date ▼	- 1								
	Other (specify)		2499.90									
	Full Name (Last, First, Middle Initial) Gregory Geba				Date of I	Receipt						
	Mailing Address 777 Old Saw Mill River Road				12	/ D 1		2015	Y			
	City	State	Zip Code		Transa	ction ID :	SA11AL	4503				
	Tarrytown	NY	10591		Amount of	of Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С				7		38.	50			
	Name of Employer	Occupation			Bi-weekly	payroll de	duction: S	\$38.46 on	12/11 and \$			
	Regeneron Pharmaceuticals Inc.	•	Head - Clinical Development									
	Receipt For:		•	_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.54]								
	Full Name (Last, First, Middle Initial) Patrice Gilooly				Date of I	Receipt						
Mailing Address 777 Old Saw Mill River Road						/ 24		2015	Y			
	City	State	Zip Code		12 Transa	ction ID :						
	Tarrytown	NY	10591			of Each F						
	FEC ID number of contributing federal political committee.		96.25									
	Name of Employer	Occupation	1		BI-weekly	payroll de	eduction:	\$96.15 on	12/11 and \$			
	Regeneron Pharmaceuticals Inc.	VP - QA &	Operations									
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General	, iggi cgale										
	Other (specify)		2403.85									
			, , , , , , , , , , , , , , , , , , , ,									

1

PAGE

8 OF

15

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9

OF

15

ipt 24 24 2015 1D : SA11AI.4505 Ich Receipt this Period 384.60 ekly payroll deduction
24 2015 1D : SA11AI.4505 ach Receipt this Period 384.60
24 2015 1D : SA11AI.4505 ach Receipt this Period 384.60
ipt 24 2015 ID: SA11AI.4506 Ich Receipt this Period 20.00 y Payroll Deduction
ipt 24 2015 ID: SA11AI.4507 ach Receipt this Period 384.60 ekly payroll deduction

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)	FOR LINE NUMBER: (check only one)
for each category of the	X 11a 11b
Detailed Summary Page	

		Detailed Summary Page		11a		11b	>	11c	12					
Any information copied from such Reports and	Statemonto m	av not be sold or used by any n	orson f	13 or the		14		15 Oliciting	16	17				
or for commercial purposes, other than using th														
NAME OF COMMITTEE (In Full)														
Regeneron Pharmaceuticals, I	nc. PAC													
Full Name (Last, First, Middle Initial) A. Hala Mirza			[Date of	Re	eceip	ot							
Mailing Address 777 Old Saw Mill River Road	t			м м 12	/	D	24	/ Y	ү ү 2015	Y				
City	State	Zip Code		Trans	acti	ion	ID : S	A11AI.4	4508					
Tarrytown	NY	10591	#	Amount	of	Eac	ch Ree	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С					7		7	384	.60				
Name of Employer	Occupation		\$ [.]	192.30	Bi-v	weel	kly pa	yroll de	duction					
Regeneron Pharmaceuticals Inc.	VP - Corpo	rate Communications												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			1											
Other (specify)		4999.80												
Full Name (Last, First, Middle Initial) B. Andrew Murphy	1		Г	Date of	Re	eceir	ot							
Mailing Address 777 Old Saw Mill River Road	1													
		12 24 2015												
City	State	Zip Code		Trans	acti	ion I	ID : S	A11AI.4	4510					
Tarrytown	NY	10591	A	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					7		7	384	.60				
Name of Employer	Occupation		\$1	92.30	Bi-w	veek	kly pay	roll de	duction					
Regeneron Pharmaceuticals Inc.	Sr. VP - Re	search Regeneron Labs												
Receipt For:		Year-to-Date ▼												
Primary General			1											
Other (specify)		2499.90												
Full Name (Last, First, Middle Initial) C. William Olson	•			Date of	Re	eceip	ot							
Mailing Address 777 Old Saw Mill River Road	d			м м 12	/	D	24	/ Y	2015	Y				
City	State	Zip Code			act	ion		A11AI.						
Tarrytown	NY	10591	A						is Period					
FEC ID number of contributing federal political committee.	С			384.60										
Name of Employer	\$	192.30	Bi-\	weel	kly pa	yroll de	duction							
Regeneron Pharmaceuticals Inc.														
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11											
Other (specify)		4807.70												
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	<u> </u>			7		- 7	1153	80				

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

PAGE 10 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, In	c. PAC		
Α.	Full Name (Last, First, Middle Initial) Ronald Rideman Mailing Address 777 Old Saw Mill River Road			Date of Receipt
	City Tarrytown	State NY	Zip Code 10591	12 24 2015 Transaction ID : SA11AI.4513 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Asst. Dir	Medical Affairs	 \$10.00 Biweekly Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.				Date of Receipt
	Mailing Address 777 Old Saw Mill River Road	State	Zip Code	12 24 2015 Transaction ID : SA11AI.4514
	Tarrytown	NY	10591	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Exec. Dir	Assistant General Counsel	\$192.30 Bi-weekly payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.70	
<u>с</u> .	Full Name (Last, First, Middle Initial) Roy Vagelos			Date of Receipt
	Mailing Address 777 Old Saw Mill River Road		7.0.1	12 / D D / Y Y Y Y Y 2015
	City Tarrytown	State NY	Zip Code 10591	Transaction ID : SA11AI.4518 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation	1	
	Regeneron Pharmaceuticals Inc.		of the Board of Directors Year-to-Date ▼	_
	Primary General Other (specify) ▼		5000.00	
	UBTOTAL of Receipts This Page (optional)			5404.60

TOTAL This Period (last page this line number only)	_		 	 - 7	 	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)	FOR LINE NUMBER: (check only one)								
for each category of the Detailed Summary Page	X 11a 11b	Γ							
Detailed Outlinary Lage									

			Detailed Summary Page		11a		11b		11c	_	12	<u> </u>				
	hy information copied from such Reports and for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, I	nc. PAC														
Α.	Full Name (Last, First, Middle Initial) Robert Vitti Mailing Address 777 Old Saw Mill River Road	t		Date of Receipt												
	City	State	Zip Code		12 Trans	sac		24 D:	SA11A		015 5					
	Tarrytown FEC ID number of contributing federal political committee.	C	10591		Amoun	it of	f Eac	h F	Receipt t	his F	Period 192					
	Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼		Sciences - Ophthalmology Year-to-Date ▼ 1826.85	\$ 	96.15	Bi-v	veekly	y pa	ayroll de	ducti	ion					
В.	Full Name (Last, First, Middle Initial) Mark Volpe Mailing Address 777 Old Saw Mill River Road	3			Date o			- D) / Y		Ŷ	Y				
	City Tarrytown	State NY	Zip Code 10591						SA11AI	.451						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 192.30 \$96.15 Bi-weekly payroll deduction												
	Name of Employer Regeneron Pharmaceuticals Inc.	Occupation Executive D	birector - Tax	\$	96.15 1	3I-W	eekiy	/ pa	ayroll dec	ducti	on					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90													
с.	Full Name (Last, First, Middle Initial) Stephen Westing				Date o	of R	eceip	t								
	Mailing Address 777 Old Saw Mill River Road		7. 0.4		^M 12			24	_ L	2	015	Y				
	City Tarrytown	State NY	Zip Code 10591		Transaction ID : SA11AI.4517 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	¢	50.00 \$25.00 Bi-weekly Payroll Deduction													
	Name of Employer Regeneron Pharmaceuticals Inc.	¥	23.00	DI-1	VEEKI	уг		uuc								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	1												

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

9 9

9048.45

PAGE 12 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

15

	for each category of the	11a 11b 11c 12								
	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
or for commercial purposes, other than using the		person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, In	nc. PAC									
Full Name (Last, First, Middle Initial) Regeneron Pharmaceuticals, Inc. Mailing Address 777 Old Saw Mill River Road		Date of Receipt								
City	State Zip Code	12 11 2015 Transaction ID : SA15.4512								
Tarrytown	NY 10591	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	433.39								
Name of Employer	Occupation	Reimbursement of previously paid admin. exper (i.e., bank fees)								
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5236.81]								
Full Name (Last, First, Middle Initial) 3.		Date of Receipt								
Mailing Address										
City	State Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С									
Name of Employer	Occupation									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼									
Full Name (Last, First, Middle Initial)		Date of Receipt								
Mailing Address		M = M / D D / Y = Y = Y = Y								
City	State Zip Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ů – Elektrik									
Name of Employer	Occupation									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼]								
SUBTOTAL of Receipts This Page (optional)		433.39								
TOTAL This Period (last name this line number	ontri	433.39								

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

.

1.

SCHEDULE B (FEC Form 3X)		FO	RL	INE N	UMBER:				PAG	E 14	OF 15						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(ch	leck	only o	one)		мг										
	Detailed Summary Page			210	22 28a		23 28b		24 28c	25 29	26 30b						
Any information copied from such Reports and Staten or for commercial purposes, other than using the name																	
Regeneron Pharmaceuticals, Inc. F	PAC																
Full Name (Last, First, Middle Initial)					Data at		huro	mont									
A. JP Morgan Chase Bank, NA						Date of Disbursement											
Mailing Address Two Corporate Drive						12 11 2015											
City Shelton	State Zip Code CT 06484				Transaction ID : SB21B.4526												
Purpose of Disbursement	01 00404	_															
Bank Fees		00)1		Amount of Each Disbursement this Period												
Candidate Name		Cate Ty		/						43	3.39						
Office Sought: House Disburser			-														
President	Primary General Other (specify)																
State: District:																	
Full Name (Last, First, Middle Initial) B.					Data of		burec	mont									
D.					Date of Disbursement												
Mailing Address					L.	1	L		L								
City	State Zip Code																
Purpose of Disbursement			Amount of Each Disbursement this Peri														
Candidate Name	gory	/															
		Ту		<u> </u>	L.		7		7								
Office Sought: House Disbursen	nent For: Primary General																
President	Other (specify)																
State: District: Full Name (Last, First, Middle Initial)																	
C.																	
Mailing Address					M M / D D / Y Y Y Y												
					_												
City State Zip Code Purpose of Disbursement																	
Candidate Name				1/	Amount of Each Disbursement this Period												
President	nent For: Primary General Other (specify) ▼	Ту					7	_	7								
State: District:						_											
SUBTOTAL of Disbursements This Page (optional)							,		,	43	3.39						
TOTAL This Period (last page this line number only)							,		7	43	3.39						

TEMIZED DISBURSEMENTS Use separate schedulets to cach calcapory of the cach cach and the cac	SC	CHEDULE B (FEC Form 3X)			F	OR		NUMF	3EB.				PA	GE	15 (OF	15					
Detailed Summary Page 20 300 Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committee. NAME CF COMMITTEE (In Fail) Name Name Column Call	IT	EMIZED DISBURSEMENTS	JRSEMENTS Use separate schedule(s) (check				k only	one)														
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEe (in Fail) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Date of Disbursement CLARENCE N Clast First, Middle Initial) 011 Canadate Name 011 Chick State: N* Purpose of Disbursement Poilsel State: N* Purpose of Disbursement Poilsel State: N* Purpose of Disbursement N* Suite 305 State City State: Purpose of Disbursement N* State: N* <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>×</th><th></th><th></th><th></th><th>_</th><th></th><th>-</th><th></th></tr<>										×				_		-						
Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) A. COLINS FOR CONGRESS Mailing Address P0 B0X 386 City State Chy end to bibursement Polical Contribution Condition Name Chy end to bibursement Polical Contribution Condition Name Mailing Address 186 East Post Road State: NY Purpose of Disbursement Purpose of Disbursement <																	\$					
Full Name (Last, First, Middle Initial) Date of Disbursement A. COLLINS FOR CONGRESS Date of Disbursement Mailing Address P0 B0X 388 Transaction ID : 5823.4527 City State Zip Code Canddate Name Otto Canddate Name Collisbursement Conducts President District: 27 Office Sought: President District: 27 Full Name (Last, First, Middle Initial) B. Lowey for Congress Mailing Address 188 feast Post Road State: NY Disbursement For: 2016 State: NY Disbursement For: 2016 Office Sought: State Partice Contribution 011 Canddate Name NY NTA M LOWEY Other (specify) Office Sought: President Purpose of Disbursement For: State: NY Disbursement Category Office Sought: President Disbursement Category Stat	$\left \right\rangle$																					
A. COLLINS FOR CONGRESS Date of Disbursement Mailing Address PO BOX 386 11 City State City State Purpose of Disbursement 011 Conditate Name Colligner Chrosophil President Disbursement 011 State: NY 14031 11 Cardidate Name Colligner Chrosophil President Disbursement For (specify) Full Name (Last, First, Middle Initial) B. Lowey for Congress Mailing Address 188 East Post Road Suite: NY Office Sought: President Purpose of Disbursement Disbursement For: 2016 State: Mailing Address 188 East Post Road Suite 300 NY Office Sought: President President Disbursement For: Office Sought: President President Disbursement For: Office Sought: President President Disbursement For: Prepose of Disbursement City Yppe State: NY Disbursement For: Office Sought: House </td <td></td> <td>Regeneron Pharmaceuticals, Inc. I</td> <td>PAC</td> <td></td>		Regeneron Pharmaceuticals, Inc. I	PAC																			
Mailing Address PO BOX 386 Transaction ID: SB23.4527 CLARENCE NY CLARENCE NY Purpose of Disbursement 011 Candidate Name 011 CHRISTOPHER C COLLINS 011 Office Sought: House President Disbursement For: 2016 State: NY Bailing Address 188 East Post Road Mailing Address 188 East Post Road State: NY Purpose of Disbursement 011 President State Mailing Address 188 East Post Road Suite 305 NY City State Purpose of Disbursement 011 Purpose of Disbursement 011 Category/ 700.00 Office Sought: 17 President 0150 State: NY Disbursement 011 Category/ 700.00 Office Sought: 17 President 0150 State: NY Disbursement Category/	-							_		(D.												
Mailing Address PO BOX 386 12 21 2015 City State Xip Code NY 14031 ChRENCE NY 14031 Transaction ID : \$823.4527 Candidate Name Category Category Category ChRISTOPHER C COLLINS Other (specify) ▼ Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2016 Amount of Each Disbursement this Period State: NY Disbursement For: 2016 Transaction ID : \$823.4527 Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement B. Lowey for Congress State Zip Code Mailing Address 188 East Post Road Disbursement For: 2016 Transaction ID : \$823.4519 Purpose of Disbursement Disbursement For: 2016 Transaction ID : \$823.4519 Purpose of Disbursement Disbursement For: 2016 Transaction ID : \$823.4519 Purpose of Disbursement Other (specify) ▼ Z700.00 Office Sought: House Disbursement For: 2016 Category/ Type Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: 2016 Amount of Each Disbursement <td>А.</td> <td colspan="6">COLLINS FOR CONGRESS</td> <td colspan="9"></td> <td></td>	А.	COLLINS FOR CONGRESS																				
CLARENCE NY 14031 Purpose of Disbursement 011 011 Cardidate Name Category/ Type 1000.00 Office Sought: House Disbursement For: 2016 President Disbursement For: 2016 Date of Disbursement State: NY District: 27 Full Name (Last, First, Middle Initial) Date of Disbursement Lowey for Congress Date of Disbursement Mailing Address 188 East Post Road Suite 305 City Purpose of Disbursement Office Sought: President Primary Office Sought: House President Primary Office Sought: President President Primary Office Sought: President Prose of Disbursement Primary Office Sought: President Primary General Primary General Primary General Primary General Primary General Primary General President <td< td=""><td></td><td colspan="7">Mailing Address PO BOX 386</td><td colspan="11"></td></td<>		Mailing Address PO BOX 386																				
Purpose of Disbursement Political Contribution 011 Category/ Type Amount of Each Disbursement this Period ChIRISTOPHER C COLLINS Disbursement For: 2016 Senate Disbursement For: 2016 Office Sought: President Disbursement For: 2016 State: NY Disbursement Pull Name (Last, First, Middle Initial) Date of Disbursement Lowey for Congress Date of Disbursement Mailing Address 18 East Post Road City State Zip Code Purpose of Disbursement 011 Category/ Type Amount of Each Disbursement Poil Name NY 10605 City State Zip Code White Plains NY 10605 Purpose of Disbursement Other (specify) Zigory/ Type Office Sought: President President State: NY Disbursement For: 2016 Date of Disbursement City State Zip Code President President President Other (specify) Category/ Type Zimagory Office Sought: President Disbursement For: President Category/ Type Amount of E		-		•				Transaction ID : SB23.4527														
Pointical Contribution 011 Amount of Each Disbursement this Period Candidate Name Category/ Type Category/ Type Amount of Each Disbursement this Period Office Sought: President Disbursement For: 2016 General State: NY Disbursement Disbursement Priorse Disbursement Priorse Date of Disbursement Purpose of Disbursement NY 10605 Transaction ID : SB23.4519 Amount of Each Disbursement Other (specify) Amount of Each Disbursement this Period Pointical Contribution 011 Amount of Each Disbursement this Period Pointical Contribution 011 Amount of Each Disbursement this Period Category/ White Plains NY 10605 Purpose of Disbursement Price Other (specify) Pointical Contribution 011 Amount of Each Disbursement this Period City State 12 12 Office Sought: President Primary General Other (specify) Date of Disbursement this Period City State Zip Code Amount of Each Disbursement this Period				14031			_	-														
CHRISTOPHER C COLLINS Category Office Sought: House Bate in NY Disbursement For: 2016 State: NY President Other (specify) B. Lowey for Congress Date of Disbursement Mailing Address 188 East Post Road Suite 305 City City State Vitice Sought: State Potical Contribution 011 Candidate Name Other (specify) Office Sought: Four and the president State: NY Disbursement Other (specify) President Category/ Transaction ID : SB23.4519 Amount of Each Disbursement this Period Category NTA M LOWEY Office Sought: Senate President City State: NY Disbursement Office Sought: Senate President Category/ Office Sought: Purpose of Disbursement City State: NY Disbursement City State: Disbursement City Senate President </td <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>)11</td> <td></td> <td>Am</td> <td>ioun</td> <td>t of</td> <td>Each</td> <td>Dis</td> <td>burser</td> <td>nent</td> <td>t this</td> <td>Peric</td> <td>bd</td>					0)11		Am	ioun	t of	Each	Dis	burser	nent	t this	Peric	bd					
Office Sought: House Senate Disbursement For: 2016 Privation General State: NV District: 27 Disbursement For: 2016 Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address 18 East Post Road Suite 305 City State: Zip Code White Plains NY Policial Contribution 011 Category/ Type Transaction ID: SB23.4519 NITA M LOWEY Disbursement For: 2016 Senate Primary President General State: NY Disbursement For: 2016 Senate Primary President General State: NY Disbursement For: 2016 Senate Primary President General Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State: 2/p Code Purpose of Disbursement Disbursement For: President Category/ Type Office Sought: House Disbursement For: President Category/ Type Office Sought: House Disbursement For: President Amount of Each Disbursement this Period Category: Y Y Y Y Office Sought:								1000.00														
State: NY District: 270.00 Buil Name (Last, First, Middle Initial) B. Lowey for Congress Mailing Address City White Plains Purpose of Disbursement Political Contribution Candidate Name NITA M LOWEY Office Sought: State: NY Disbursement President Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name City State: NY Disbursement President City State: NY Disbursement For: Candidate Name City State: NY Disbursement For: Candidate Name City State: Disbursement For: Candidate Name Candidate Name City State: Disbursement For: Candidate Name City State: Disbursement For:			ment For:	2016	1	ype					7		- 7									
State: NY District: 27 Full Name (Last, First, Middle Initial) B. Lowey for Congress Mailing Address 188 East Post Road Suite 305 Date of Disbursement Purpose of Disbursement NY 10605 Purpose of Disbursement Disbursement For: 2016 Senate Other (specify) Office Sought: House President Disbursement For: 2016 Other (specify) Date of Disbursement State: NY Disbursement For: 2016 Senate General Other (specify) Date of Disbursement Mailing Address Other (specify) Image: Senate Date of Disbursement City State Zip Code Date of Disbursement Mailing Address Other (specify) East President Date of Disbursement Gity State Zip Code Date of Disbursement Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Office Sought: House President Disbursement For: President Amount of Each Disbursement this Period SubtrotAL of Disbursements This Page (optional) Other (specify) State State State District: Disbursement For: <td></td> <td>Senate</td> <td>-</td> <td></td>		Senate	-																			
Full Name (Last, First, Middle Initial) Date of Disbursement B. Lowey for Congress Date of Disbursement Mailing Address 12 ' 18 ' 2015 City State Zip Code White Plains NY 10605 Purpose of Disbursement 011 Amount of Each Disbursement this Period Candidate Name Disbursement For: 2016 Senate President Disbursement For: 2016 Senate President Disbursement For: 2016 Date of Disbursement State: NY Disbursement For: 2016 Date of Disbursement Full Name (Last, First, Middle Initial) Chter (specify) ▼ Date of Disbursement Z700.00 City State Zip Code Date of Disbursement this Period Image: Category' Type Office Sought: House Disbursement For: Category' Type Date of Disbursement this Period Image: Category' Type Office Sought: House Disbursement For: Category' Type Image: Category' Type Image: Category' Type Office Sought: House Disbursement For: Category' Type Image: Category' Type Image: Category' Type Image: Category' Type Office			Other (spe	cify) 🔻																		
Mailing Address Suite 305 City State Zip Code White Plains NY 10605 Purpose of Disbursement Other (specify) Amount of Each Disbursement this Period Cardidate Name Category/ Transaction ID : SB23.4519 Office Sought: House Disbursement For: 2016 Amount of Each Disbursement this Period State: NY District: To degory/ Transaction ID : SB23.4519 Amount of Each Disbursement this Period Category/ Type To degory/ Office Sought: House Disbursement For: 2016 Disbursement Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code Mount of Each Disbursement this Period Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: President Category/ Office Sought: House Disbursement For: President Senate President Disbursement For: Senate Primary General Other (specify)																						
Mailing Address 12 18 2015 City State Zip Code Transaction ID: SB23.4519 Purpose of Disbursement 011 Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2016 Amount of Each Disbursement State: NY Distrement For: 2016 Disbursement Full Name (Last, First, Middle Initial) C. Date of Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2016 Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: President Amount of Each Disbursement this Period State: Disbursement For: President Disbursement For: President Amount of Each Disbursement this Period State: Disbursements This Page (optional) Amount of Each Disbursement this Period Amount of Each Disbursement this Period Subtrottal of Disbursements This page (optional) Amount of E	В.								Date of Disbursement													
Suite 305 City State Zip Code White Plains NY 10605 Transaction ID : SB23.4519 Purpose of Disbursement 011 Amount of Each Disbursement this Period Candidate Name 011 Category/ Type 2700.00 Office Sought: House Disbursement For: 2016 Category/ Type 2700.00 Office Sought: House Disbursement For: 2016 Category/ Type Disbursement State: NY Disbursement For: 2016 Category/ Type Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: Senate Disbursement For: Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Other (specify) ▼ Amount of Each Disbursement this Period Subtrottal of Disbursements This Page (optional) Other (specify) ▼ Amount of Each Disbursement this Period Subtrottal of Disbursements This page (optional) 3700.00 3700.00		ailing Address 199 Fast Deat Dead																				
White Plains NY 10605 Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name 011 Cardidate Name 011 Cardidate Name 011 Catagony/ 17pe Office Sought: House President 0ther (specify) ▼ Disbursement For: 2016 Senate President City State City State Disbursement For: Office Sought: House Disbursement For: Office Sought: Disbursement For: Senate President Office Sought: Disbursement For: Senate President Other (specify) ▼ Amount of Each Disbursement this Period Categony/ Type Office Sought: District: Senate President Other (specify) ▼ Amount of Each Disbursement this Period Subtrottal of Disbursements This Page (optional)								12 10 2013														
Political Contribution 011 Amount of Each Disbursement this Period Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Senate President Disbursement For: 2016 Other (specify) ▼ Disbursement for: 2016 Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: Senate Category/ Type Amount of Each Disbursement this Period Office Sought: House Senate Disbursement For: Other (specify) ▼ Category/ Type Amount of Each Disbursement this Period Subtrottal of Disbursements This Page (optional)		hite Plains NY 10605						Transaction ID : SB23.4519														
Candidate Name Category/ Type NITA M LOWEY Office Sought: Senate President State: NY District: 17 Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disbursement Category/ Purpose of Disbursement Candidate Name Candidate Name Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Piresident Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		Delitical Contribution							Amount of Each Disbursement this Period													
NITA M LOWEY Type Office Sought: House Disbursement For: 2016 Senate President Other (specify) ▼ State: NY District: 17 Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Office Sought: House Senate Disbursement For: Office Sought: Amount of Each Disbursement this Period State: District: Other (specify) ▼ Amount of Each Disbursement this Period Substrottal of Disbursements This Page (optional)	Candidate Name Category/																					
State: NY District: 17 Full Name (Last, First, Middle Initial) C. Mailing Address City State Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate President Other (specify) State: Disbursements This Page (optional)							-	-	7	_	,	-	2700	5.00	_							
State: NY District: 17 Full Name (Last, First, Middle Initial) C. Mailing Address City State City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: State: Disbursements This Page (optional)																						
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Image: City State Zip Code Purpose of Disbursement Image: City State Zip Code Purpose of Disbursement Image: City State Zip Code Office Sought: House Disbursement For: Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: General Image: City of the specify of the specific the speci		President Other (specify)																				
C. Date of Disbursement Mailing Address Image: Constraint of the problem of																						
Mailing Address Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House President Disbursement For: Office Sought: President President Other (specify) ▼ State: Disbursements This Page (optional)	C.	Full Name (Last, First, Middle Initial)								Date of Disbursement												
City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) SUBTOTAL of Disbursements This Page (optional)								M M / D D / Y Y Y Y														
Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President State: District: Subtrottal of Disbursements This Page (optional)		iling Address																				
Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President Other (specify)	Purpose of Disbursement																					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)																						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ✓ State: Disbursements This Page (optional)								Am	ioun	t of	Each	Dis	burser	nent	t this	Peric	bd					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ✓ State: District: 3700.00 TOTAL This Period (last page this line number only) 3700.00	Candidate Name				Cate	egoi	ry/	Г					_									
State: District: SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Disburser	ment For:			ype			-	-	7	_										
State: District: SUBTOTAL of Disbursements This Page (optional)																						
SUBTOTAL of Disbursements This Page (optional)			Other (spe	city) 🔻																		
TOTAL This Period (last page this line number only).							[-	-			_	-	-	_	_					
	s	UBTOTAL of Disbursements This Page (optional)					•				7		7		3700	0.00						
	Т	OTAL This Period (last page this line number only))					Г							3700	0.00						