

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
Tarrytown NY 10591
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00562264
3. IS THIS REPORT NEW OR AMENDED
[X] (N) [ ] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 12 / 01 / 2015 through 12 / 31 / 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 01 / 30 / 2016

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"/>	<input type="text" value="22658.61"/>	<input type="text" value="22658.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72192.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9491.84"/>	<input type="text" value="70829.55"/>
(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="81684.74"/>	<input type="text" value="93488.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4133.39"/>	<input type="text" value="15936.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="77551.35"/>	<input type="text" value="77551.35"/>
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

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).....	9048.45	63081.25
(ii) Unitemized .....	10.00	2511.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9058.45	65592.74
(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) .....	9058.45	65592.74
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).....	433.39	5236.81
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))..... ▶	9491.84	70829.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9491.84	70829.55

**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
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 .....	433.39	5236.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	433.39	5236.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3700.00	10700.00
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)) ..	4133.39	15936.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4133.39	15936.81

**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) .....	9058.45	65592.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9058.45	65592.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	433.39	5236.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	433.39	5236.81
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 15
<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

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. Keith Anderson**  
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. Staff Scientist
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : SA11AI.4496**

Amount of Each Receipt this Period  

454.60	172.40
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**Payroll Deduction: \$25.00**

**B. Kenneth Bernstein**  
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 Senior Manager - IT Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : SA11AI.4497**

Amount of Each Receipt this Period  

200.00	60.00
--------	-------

**\$10.00 Bi-weekly payroll deduction**

**C. Ned Braunstein**  
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 - Regulatory Affairs
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4999.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2015

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  

384.60	108.00
--------	--------

**\$192.30 Bi-weekly payroll deduction**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>454.60</b>
<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 15
	<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. Scott Carver**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP- Clinical Scale Mfg. & Sciences

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 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

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

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Director - Oncology & Angiogenesis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 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

**C. Jeanette Fairhurst**  
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 Senior Manager-Therapeutic Antibodies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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. Chris Fenimore**  
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 - Financial Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4502**

Amount of Each Receipt this Period **192.30**

\$96.15 Bi-weekly payroll deduction

**B. Gregory Geba**  
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 Deputy Head - Clinical Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **961.54**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4503**

Amount of Each Receipt this Period **38.50**

Bi-weekly payroll deduction: \$38.46 on 12/11 and \$0.04

**C. Patrice Gilooly**  
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 - QA & Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.85**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period **96.25**

Bi-weekly payroll deduction: \$96.15 on 12/11 and \$0.10

**SUBTOTAL** of Receipts This Page (optional)..... **327.05**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<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. Joseph LaRosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - General Counsel & Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.70

Date of Receipt 12 / 24 / 2015  
**Transaction ID : SA11AI.4505**  
 Amount of Each Receipt this Period 384.60  
 \$192.30 Bi-weekly payroll deduction

**B. Erin Loosen**  
 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 Senior Manager Corporate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 24 / 2015  
**Transaction ID : SA11AI.4506**  
 Amount of Each Receipt this Period 20.00  
 \$10.00 Biweekly Payroll Deduction

**C. Scott Mellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 Old Saw Mill River Road  
 City Tarrytown State NY Zip Code 10591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Clinical Sciences Trans. Medicine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 24 / 2015  
**Transaction ID : SA11AI.4507**  
 Amount of Each Receipt this Period 384.60  
 \$192.30 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	789.20
<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 15
	<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. Hala Mirza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Old Saw Mill River Road  
City Tarrytown State NY Zip Code 10591  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Corporate Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **4999.80**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : SA11AI.4508**  
Amount of Each Receipt this Period **384.60**  
\$192.30 Bi-weekly payroll deduction

**B. Andrew Murphy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Old Saw Mill River Road  
City Tarrytown State NY Zip Code 10591  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regeneron Pharmaceuticals Inc. Occupation Sr. VP - Research Regeneron Labs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2499.90**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : SA11AI.4510**  
Amount of Each Receipt this Period **384.60**  
\$192.30 Bi-weekly payroll deduction

**C. William Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 777 Old Saw Mill River Road  
City Tarrytown State NY Zip Code 10591  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regeneron Pharmaceuticals Inc. Occupation VP - Research & Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **4807.70**

Date of Receipt **12 / 24 / 2015**  
**Transaction ID : SA11AI.4511**  
Amount of Each Receipt this Period **384.60**  
\$192.30 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1153.80</b>
<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 11 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ronald Rideman**

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 Asst. Dir. - Medical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4513**

Amount of Each Receipt this Period **200.00**

\$10.00 Biweekly Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Tor Smeland**

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer Regeneron Pharmaceuticals Inc. Occupation Exec. Dir. - Assistant General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4807.70**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4514**

Amount of Each Receipt this Period **384.60**

\$192.30 Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Roy Vagelos**

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 Chairman of the Board of Directors

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **12 / 23 / 2015**

**Transaction ID : SA11AI.4518**

Amount of Each Receipt this Period **5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5404.60</b>
<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 12 OF 15
<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. 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 ▼ **1826.85**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4515**

Amount of Each Receipt this Period **192.30**

\$96.15 Bi-weekly payroll deduction

**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 ▼ **2499.90**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period **192.30**

\$96.15 Bi-weekly payroll deduction

**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 ▼ **625.00**

Date of Receipt **12 / 24 / 2015**

**Transaction ID : SA11AI.4517**

Amount of Each Receipt this Period **50.00**

\$25.00 Bi-weekly Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>434.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>9048.45</b>

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

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

FOR LINE NUMBER: PAGE 13 OF 15  
(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 (Last, First, Middle Initial)  
**Regeneron Pharmaceuticals, Inc.**

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5236.81

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : SA15.4512**

Amount of Each Receipt this Period  
 433.39

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.39
<b>TOTAL</b> This Period (last page this line number only).....▶	433.39

**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.4526**

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

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**CHRISTOPHER C COLLINS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 27

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

Transaction ID : SB23.4527

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lowey for Congress**

Mailing Address 188 East Post Road  
Suite 305

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**NITA M LOWEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SB23.4519

Amount of Each Disbursement this Period

2700.00

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)..... ▶

3700.00

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

3700.00