

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

C00562264

3. IS THIS REPORT

NEW (N) [checked]

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9) [checked]
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

MM/DD/YYYY in the State of

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

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

Election on

MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 08/01/2019

through

MM/DD/YYYY 08/31/2019

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

Landry, Robert, E.,

Type or Print Name of Treasurer

Signature of Treasurer

Landry, Robert, E.,

[Electronically Filed]

Date

MM/DD/YYYY 09/20/2019

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		58571.32
(b) Cash on Hand at Beginning of Reporting Period.....	109000.25	
(c) Total Receipts (from Line 19)	10550.20	64981.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	119550.45	123553.11
7. Total Disbursements (from Line 31).....	262.62	4265.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	119287.83	119287.83
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. 05/2016)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2019 To: M M / D D / Y Y Y Y 08 / 31 / 2019

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).....	10197.58	58437.44
(ii) Unitemized	90.00	3972.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10287.58	62410.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10287.58	62410.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	262.62	2571.71
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)).....▶	10550.20	64981.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10550.20	64981.79

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	262.62	2265.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	262.62	2265.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	262.62	4265.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	262.62	4265.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	10287.58	62410.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10287.58	62410.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	262.62	2265.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	262.62	2571.71
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	- 306.43

**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 17
<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. Anderson, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Staff Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6350
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25 Bi-weekly payroll deduction

B. Bermingham, Maya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Gov. Affairs & Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6351
 Amount of Each Receipt this Period 576.00
 Memo Item
 \$192 Bi-weekly payroll deduction

C. Braunstein, Ned, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6353
 Amount of Each Receipt this Period 576.00
 Memo Item
 \$192 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1227.00
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 17
<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. Carver, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP- Clin. Scale Mfg. & Proc. Sciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6354
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 Bi-weekly payroll deduction

B. Chen, Gang, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Protein Expression Sciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6355
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50 Bi-weekly payroll deduction

C. Daly, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Director - Oncology & Angiogenesis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6356
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	726.90
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 8 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Daly, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Preclin. Devt & Protein Chem
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6357
 Amount of Each Receipt this Period 576.00
 Memo Item
 \$192 Bi-weekly payroll deduction

B. Fairhurst, Jeanette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Assoc. Director Therapeutic Antibodies
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6358
 Amount of Each Receipt this Period 150.00
 Memo Item
 \$50 Bi-weekly payroll deduction

C. Fenimore, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Vice President, Controller
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6359
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1014.45
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 17
	<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. Geba, Gregory, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP - Development Strategy & Analysis
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6360

Amount of Each Receipt this Period
115.38

Memo Item
\$38.46 Bi-weekly payroll deduction

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

Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP - QA & Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6361

Amount of Each Receipt this Period
288.45

Memo Item
\$96.15 Bi-weekly payroll deduction

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

Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Senior Director, Engineering
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6362

Amount of Each Receipt this Period
45.00

Memo Item
\$15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	448.83
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 10 OF 17
<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. Korja, Nisha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Director, Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6363
 Amount of Each Receipt this Period 40.00
 Memo Item
 \$20 Bi-weekly payroll deduction

B. LaFond, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Senior Director-Scale Up & Developme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6364
 Amount of Each Receipt this Period 75.00
 Memo Item
 \$25 Bi-weekly payroll deduction

C. LaRosa, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Exec. VP - General Counsel & Secretary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6365
 Amount of Each Receipt this Period 576.90
 Memo Item
 \$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	691.90
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 11 OF 17
<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. Lebel, Delman, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Director, State Affairs & State Policy
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
150.00

Memo Item
\$50 Bi-weekly payroll deduction

B. Levine, Beth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Sr. VP - Assoc. General Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6367

Amount of Each Receipt this Period
150.00

Memo Item
\$50 Bi-weekly payroll deduction

C. Markowitz, Jay, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 777 Old Saw Mill River Road

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Senior Vice President - Portfolio Mgmt
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2019

Transaction ID : SA11AI.6369

Amount of Each Receipt this Period
576.00

Memo Item
\$192 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	876.00
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 12 OF 17
	<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. Mellis, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Clinical Sciences Trans. Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6370
 Amount of Each Receipt this Period 576.90
 Memo Item
 \$192.30 Bi-weekly payroll deduction

B. Mirza, Hala, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6371
 Amount of Each Receipt this Period 576.90
 Memo Item
 \$192.30 Bi-weekly payroll deduction

C. Murphy, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Executive VP, Research -Regeneron La
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6372
 Amount of Each Receipt this Period 576.90
 Memo Item
 \$192.30 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1730.70
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
	<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"/>	<input type="checkbox"/> 17

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

A. Olson, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Research & Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6373
 Amount of Each Receipt this Period 576.90
 Memo Item
 \$192.30 Bi-weekly payroll deduction

B. Paull, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. Vice President - Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6374
 Amount of Each Receipt this Period 576.00
 Memo Item
 \$192 Bi-weekly payroll deduction

C. Ruddy, Marcella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Early Clinical Devt & Experimenta
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6376
 Amount of Each Receipt this Period 576.00
 Memo Item
 \$192 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	1728.90
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 14 OF 17
<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. Soo, Yuhwen, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Biostatistics and Data Mgmt, Clinic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt 08 / 30 / 2019

Transaction ID : SA11AI.6377

Amount of Each Receipt this Period 576.00

Memo Item \$192 Bi-weekly payroll deduction

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

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP - Oncology & Angiogenesis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 30 / 2019

Transaction ID : SA11AI.6378

Amount of Each Receipt this Period 300.00

Memo Item \$100 Bi-weekly payroll deduction

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

Mailing Address 777 Old Saw Mill River Road

City Tarrytown State NY Zip Code 10591

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) VP Clinical Sciences - Ophthalmology

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 30 / 2019

Transaction ID : SA11AI.6379

Amount of Each Receipt this Period 288.45

Memo Item \$96.15 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	1164.45
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 15 OF 17
	<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. Volpe, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Vice President - Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6380
 Amount of Each Receipt this Period 288.45
 Memo Item
 \$96.15 Bi-weekly payroll deduction

B. Zambrowicz, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Old Saw Mill River Road
 City Tarrytown State NY Zip Code 10591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Functional Genomics and Chief
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 08 / 30 / 2019
Transaction ID : SA11AI.6381
 Amount of Each Receipt this Period 300.00
 Memo Item
 \$100 Bi-weekly payroll deduction

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	588.45
TOTAL This Period (last page this line number only).....	10197.58

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

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

FOR LINE NUMBER: PAGE 16 OF 17
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Regeneron Pharmaceuticals, Inc.

Mailing Address 777 Old Saw Mill River Road

City Tarrytown	State NY	Zip Code 10591
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2571.71

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2019

Transaction ID : SA15.6382

Amount of Each Receipt this Period
262.62

Memo Item
Reimbursement of Expenses - Bank Fees

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	262.62
TOTAL This Period (last page this line number only).....	262.62

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase Bank, NA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2019

Mailing Address Two Corporate Drive

FEC Identification Number

C

Transaction ID : SB21B.6383

Amount of Each Disbursement this Period

262.62

Memo Item

City Shelton State CT Zip Code 06484

Purpose of Disbursement
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

262.62

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

262.62