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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Au	thorized Committ	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type	12FE4M5	
Regeneron Pharmaceu	iticals, Inc. PAC				
	1 1 1 1 1 1 1 1				
ADDRESS (number and street)	777 Old Saw Mill River Ro	pad			
Check if different than previously reported. (ACC)	Tarrytown			NY L	10591
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦	S	STATE A	ZIP CODE ▲
C C00562264	3.		NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Yull July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Ma Ap (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	ar 20 (M3)	(12C)	Sep 2	in the State of
5. Covering Period 07	01 2016	through	07	31	2016
I certify that I have examined thi Type or Print Name of Treasurer	·	of my knowledge and	belief it is true	e, correct and	complete.
Type of Fillic Hame of Headulet	. tobort E. Editory				
Signature of Treasurer Rober	t E. Landry	[Electronical	ly Filed] D	ate 08	18 2016
NOTE: Submission of false, errone	ous, or incomplete informati	ion may subject the per	son signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Regeneron Pharmaceuticals, Inc. PAC 07 01 2016 07 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77551.35 January 1, 2016 (b) Cash on Hand at 77105.33 Beginning of Reporting Period..... 4631.72 37500.05 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 115051.40 81737.05 6(a) and 6(c) for Column B)..... 6438.80 39753.15 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 75298.25 75298.25 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	4400.00	201112
(i) Itemized (use Schedule A)	4122.92	32114.26
(ii) Unite mine d	70.00	2332.64
(ii) Unitemized(iii) TOTAL (add	70.00	2332.04
Lines 11(a)(i) and (ii)	4192.92	34446.90
Lines 11(a)(i) and (ii)	4	
(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	1100.00	24446.00
Totals to Line 33, page 5)▶	4192.92	34446.90
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
7.11 250.10 110001730	7	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	438.80	3053.15
i. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non Federal Associate		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Odileddie 110)	0.00	0.00
(b) Louis Fundo (fram Cabadula UE)	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
(6) 100 100 100 100 100 100 100 100 100 10		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	4631.72	37500.05
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4631.72	37500.05

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
 Operating Expenditures: — (a) Allocated Federal/Non-Federal 		Guionau. Tour to Buto
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	438.80	3053.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	438.80	3053.15
2. Transfers to Affiliated/Other Party	7	
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	6000.00	36700.00
and Other Political Committees	0000.00	4 4
(use Schedule E)	0.00	0.00
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	0.00	0.00
S. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than Political Committees	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	2.22
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶		0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6438.80	39753.15
Total Fadaral Dishuraamanta		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6438.80	39753.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4192.92	34446.90
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4192.92	34446.90
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	438.80	3053.15
Offsets to Operating Expenditures (from Line 15, page 3)	438.80	3053.15
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: PAGE 6 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Keith Anderson Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 22 City Zip Code State Transaction ID: SA11AI.4737 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation \$25 Bi-weekly payroll deduction Sr. Staff Scientist Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ned Braunstein Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4748 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer Occupation Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Sr. VP - Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884.50 Full Name (Last, First, Middle Initial) c. Scott Carver Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4738 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation \$96.15 Bi-weekly payroll deduction Regeneron Pharmaceuticals Inc. VP- Clinical Scale Mfg. & Sciences Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 626.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 7 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc	. PAC	
Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10591 C Occupation Director - Oncology & Angiogenesis Aggregate Year-to-Date ▼ 1442.25	Date of Receipt 07
Full Name (Last, First, Middle Initial) Jeanette Fairhurst 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 Zip Code NY 10591 C Occupation Senior Manager-Therapeutic Antibodies Aggregate Year-to-Date ▼ 750.00	Date of Receipt O7 22 2016 Transaction ID: SA11AI.4745 Amount of Each Receipt this Period 100.00 Memo Item \$50 Bi-weekly payroll deduction
Full Name (Last, First, Middle Initial) Chris Fenimore 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 Zip Code NY 10591 C Occupation VP - Financial Planning Aggregate Year-to-Date ▼	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or		484.60

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one)

I	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc.	PAC		
Δ.	Name of Employer C	State NY C	Zip Code 10591	Date of Receipt 07 22 2016 Transaction ID: SA11AI.4750 Amount of Each Receipt this Period 76.92 Memo Item \$38.46 Bi-weekly payroll deduction
	Possint For:		Head - Clinical Development Year-to-Date ▼ 576.90	
3.	Full Name (Last, First, Middle Initial) Patrice Gilooly Mailing Address 777 Old Saw Mill River Road			Date of Receipt
	City Tarrytown FEC ID number of contributing federal political committee.	State NY	Zip Code 10591	7 22 2016 Transaction ID : SA11AI.4751 Amount of Each Receipt this Period
	Name of Employer Regeneron Pharmaceuticals Inc.	Occupation /P - QA & C	Operations Year-to-Date ▼ 1442.25	Memo Item \$96.15 Bi-weekly payroll deduction
С.	Full Name (Last, First, Middle Initial) Joseph LaRosa Mailing Address 777 Old Saw Mill River Road			Date of Receipt 07 22 2016
	Name of Employer Regeneron Pharmaceuticals Inc. Second Formation Communities.		Zip Code 10591 neral Counsel & Secretary Year-to-Date ▼ 2884.50	Transaction ID : SA11AI.4740 Amount of Each Receipt this Period 384.60 Memo Item \$192.30 Bi-weekly payroll deduction
s	UBTOTAL of Receipts This Page (optional)			653.82
Т	OTAL This Period (last page this line number only	y)		

FOR LINE NUMBER: PAGE 9 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Scott Mellis Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 City Zip Code State Transaction ID: SA11AI.4735 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer Occupation \$192.30 Bi-weekly payroll deduction VP - Clinical Sciences Trans. Medicine Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Hala Mirza Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4734 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer Occupation Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction VP - Corporate Communications Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) c. Andrew Murphy Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4754 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing С 384.60 federal political committee. Memo Item Name of Employer Occupation \$192.30 Bi-weekly payroll deduction Regeneron Pharmaceuticals Inc. Sr. VP - Research Regeneron Labs Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 1153.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) William Olson Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 22 City Zip Code State Transaction ID: SA11AI.4739 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer Occupation \$192.30 Bi-weekly payroll deduction VP - Research & Development Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name (Last, First, Middle Initial) B. Tor Smeland Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4747 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. Memo Item Name of Employer Occupation Regeneron Pharmaceuticals Inc. \$192.30 Bi-weekly payroll deduction Exec. Dir. - Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2884,50 Full Name (Last, First, Middle Initial) **c.** Robert Vitti Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4753 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation \$96.15 Bi-weekly payroll deduction Regeneron Pharmaceuticals Inc. VP Clinical Sciences - Ophthalmology Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) 961.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Mark Volpe Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 City Zip Code State Transaction ID: SA11AI.4741 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer Occupation 96.15 Vice President - Taxes Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1442.25 Other (specify) Full Name (Last, First, Middle Initial) B. Stephen Westing Date of Receipt Mailing Address 777 Old Saw Mill River Road 07 22 2016 City State Zip Code Transaction ID: SA11AI.4752 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer Occupation Regeneron Pharmaceuticals Inc. \$25 Bi-weekly payroll deduction Dir. Med Aff. - Opthalmology Sciences Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375,00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 242.30 SUBTOTAL of Receipts This Page (optional)..... 4122.92 TOTAL This Period (last page this line number only).....

TEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 14		
		for each category of the Detailed Summary Page	(check only one) 11a		
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, In	e name and a				
Full Name (Last, First, Middle Initial) Regeneron Pharmaceuticals, Inc. PAG Mailing Address 777 Old Saw Mill River Road City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C C00 Occupation	Zip Code 10591 9562264 Year-to-Date ▼	Date of Receipt 07 19 2016 Transaction ID : SA15.4755 Amount of Each Receipt this Period 438.80 Memo Item Reimbursement of Expenses - Bank fees		
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M.M. / D.D. / Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.Y.		
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Memo Item		
SUBTOTAL of Receipts This Page (optional)		·····	438.80		
TOTAL This Period (last page this line number	only)	>	438.80		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) A JP Morgan Chase Bank, NA Mailing Address Two Corporate Drive City State Zip Code Shelton CT 06484 Purpose of Disbursement Bank fees Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) Mailing Address City State Zip Code Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Llea concrete cohedula(s)	FOR LINE I	PAGE 13 OF 14	
ror for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) JP Morgan Chase Bank, NA Mailing Address Candidate Name Office Sought: House Primary General Memolitem Memolitem Memolitem State: State: Disbursement This Page (optional).	TEMIZED DISBURSEMENTS	for each category of the	X 21b	22	
NAME OF COMMITTEE (in Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) JP Morgan Chase Bank, NA Mailing Address Two Corporate Drive City Shakon Amount of Each Disbursement this Period City Shakon City Shakon Amount of Each Disbursement this Period City Shakon City Shakon Amount of Each Disbursement this Period City Shakon City Shakon Amount of Each Disbursement this Period City Shakon City Shakon Amount of Each Disbursement this Period City Shakon City Shakon City Shakon Amount of Each Disbursement this Period City Shakon Amount of Each Disbursement this Period City Shakon City Shakon City Shakon Amount of Each Disbursement this Period City Shakon City Shakon City Shakon Amount of Each					
A JP Morgan Chase Bank, NA Mailing Address Two Corporate Drive City State Zip Code CT 06484 Purpose of Disbursement Bank Rese Candidate Name City Senate President Other (specify) Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) Furpose of Disbursement Candidate Name Orfice Sought: House President Other (specify) Furpose of Disbursement Candidate Name Orfice Sought: House President Other (specify) Office Sought: House President Other (specify) Orfice Sought: House President Other (specify) Orfice Sought: Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Orfice Sought: House President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Orfice Sought: House President Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: Senate Primary General Primary Mamount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Mamount of Each Disbursement this Pe	NAME OF COMMITTEE (In Full)	•	T COMMITTEE TO	Solicit Contribu	and a such communice.
Mailing Address Two Corporate Drive City State Zip Code Shelton CT 06484 Purpose of Disbursement Bank fees Candidate Name City State Zip Code Senate President State: District: Tull Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name City State: District: Full Name (Last, First, Middle Initial) State: District: State: District: Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item Amount of Each Disbu	_			5	
Mailing Address Two Corporate Drive City State CT Obsbursement Bank fees Candidate Name Condidate Name Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State Candidate Name Category/ Office Sought: Full Name (Last, First, Middle Initial) Mailing Address City State City Category/ Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Memo Item Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type A	A. JP Morgan Chase Bank, NA				
Shelton CT 06484 Purpose of Disbursement Bank fees Candidate Name Office Sought:	Mailing Address Two Corporate Drive				
Bank fees Candidate Name Office Sought:	-	'		Transaction	on ID : SB21B.4756
Office Sought:			001	Amount of E	Each Disbursement this Period
Office Sought: House Senate President For: Senate President District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Date of Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Date of Disbursement Category/ Type Office Sought: House Senate President State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) ▼ State Zip Code Purpose of Disbursement Disbursement For: Senate President Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Amount of Each Disbursement this Period Other (specify) ▼	Candidate Name				438.80
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Mailing Address City State Zip Code Purpose of Disbursement For: Memo Item Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For:	Senate	Primary General	Туре	Memo It	, , ,
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) ▼ Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: Purpose of Disbursement For: Senate Primary General Category/ Type Office Sought: President Disbursement For: Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type	State: District:				
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtotal of Disbursements This Page (optional)	C.				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct: Amount of Each Disbursement this Period Category/ Type Memo Item 438.80	Mailing Address			W - W /	
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	City	tate Zip Code			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name				
420.00	Senate President	Primary General	71		
420.00					438.80
	CODITION DISDUISEMENTS THIS FAGE (OPTIONAL)		<u> </u>		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. F			CONOR CONTRIBUTION FOR COUNTRIBUTION
Full Name (Last, First, Middle Initial)			
PAT ROBERTS VICTORY COMMI	TTEE, THE		Date of Disbursement O7 13 2016
Mailing Address 610 S. BOULEVARD			07 13 2016
TAMPA	tate Zip Code FL 33606		Transaction ID : SB23.4758
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name PAT ROBERTS VICTORY COMMI	TTEE, THE	Category/ Type	2000.00
Senate President	nent For: 2020 Primary General Other (specify)		Memo Item
State: KS District: 00 Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 CENTRAL AVENUE # 221			07 18 2016
ALBANY	State Zip Code NY 12206		Transaction ID : SB23.4760
Purpose of Disbursement Political contribution		011	Amount of Each Disbursement this Period
Candidate Name PAUL TONKO FOR CONGRESS		Category/ Type	1500.00
Office Sought: House Disbursem	nent For: 2016 Primary X General Other (specify)	Турс	Memo Item
Full Name (Last, First, Middle Initial) - PEOPLE FOR PATTY MURRAY			Date of Disbursement
Mailing Address PO BOX 3662			07 15 2016
SEATTLE	State Zip Code WA 98124		Transaction ID : SB23.4757
Purpose of Disbursement Political contribution	011	Amount of Each Disbursement this Period	
Candidate Name PEOPLE FOR PATTY MURRAY		Category/ Type	2500.00
	nent For: 2016 Primary General		Memo Item
	Other (specify) ▼		
President			6000.00