



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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="2021"/>		<input type="text" value="79089.83"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82395.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8586.46"/>	<input type="text" value="78705.52"/>
(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="90982.33"/>	<input type="text" value="157795.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27347.02"/>	<input type="text" value="94160.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63635.31"/>	<input type="text" value="63635.31"/>
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

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).....	8239.44	68961.16
(ii) Unitemized .....	0.00	4084.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8239.44	73045.48
(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) .....	8239.44	73045.48
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).....	347.02	4160.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1500.00
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)).....▶	8586.46	78705.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8586.46	78705.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	347.02	4160.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	347.02	4160.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	90000.00
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)) ..	27347.02	94160.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27347.02	94160.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8239.44	73045.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8239.44	73045.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	347.02	4160.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	347.02	4160.04
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:	PAGE 6 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 ▼ 650.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7510**  
 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) SVP - Gov. Affairs & Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7526**  
 Amount of Each Receipt this Period 576.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**C. Bernstein, Kenneth, , ,**  
 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 Dir IT Strategic Projects & Compl  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7529**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$10 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	681.00
<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:	PAGE 7 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ 4992.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7528**  
 Amount of Each Receipt this Period 576.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**B. 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 ▼ 2499.90

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7511**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. 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 ▼ 1300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7525**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50 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 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Regeneron Pharmaceuticals, Inc. PAC**

**A. 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) Exec. Dir. - Oncology & Angiogenesis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7509**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 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) Director, Therapeutic Antibodies  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7516**  
 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) SVP - Controller  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7515**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	726.90
<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 9 OF 22
	<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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Global Dev & Scientific Advisory  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7531**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - QA & Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7532**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. Haddad, Katherine, , ,**  
 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 - Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7534**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	519.21
<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 22
<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. Herman, Gary, , ,**  
 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 Vice President - Early Clinical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7522**  
 Amount of Each Receipt this Period 231.00  
 Memo Item  
 \$77 Bi-weekly payroll deduction

**B. Holly, 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) SVP - Associate GC & CCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7518**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**C. 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 ▼ 520.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7524**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 \$20 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.00
<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 22
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Exec. Sr. Dir.-Scale Up & Development
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.7523**

Amount of Each Receipt this Period  
75.00

Memo Item  
\$25 Bi-weekly payroll deduction

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) EVP - General Counsel & Secretary
---	--

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		31		2021

**Transaction ID : SA11AI.7513**

Amount of Each Receipt this Period  
576.90

Memo Item  
\$192.30 Bi-weekly payroll deduction

**C. 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
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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 - Clinical Sciences Trans. Medicine
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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		31		2021

**Transaction ID : SA11AI.7530**

Amount of Each Receipt this Period  
576.90

Memo Item  
\$192.30 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1228.80
<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: PAGE 12 OF 22  
(check only one)

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

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) EVP, Research - Regeneron Labs
---	---

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		31		2021

**Transaction ID : SA11AI.7537**

Amount of Each Receipt this Period  
576.90

Memo Item  
\$192.30 Bi-weekly payroll deduction

**B. 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) SVP - Research & Development
---	---

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		31		2021

**Transaction ID : SA11AI.7512**

Amount of Each Receipt this Period  
576.90

Memo Item  
\$192.30 Bi-weekly payroll deduction

**C. 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 ▼  
4992.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

**Transaction ID : SA11AI.7520**

Amount of Each Receipt this Period  
576.00

Memo Item  
\$192 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1729.80
<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 13 OF 22
<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. Rideman, Ronald, , ,**  
 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) Dir. Medical Affairs Early Phase Dev.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7517**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 \$10 Bi-weekly payroll deduction

**B. 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 ▼ 4992.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7527**  
 Amount of Each Receipt this Period 576.00  
 Memo Item  
 \$192 Bi-weekly payroll deduction

**C. 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) SVP - Oncology Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2021  
**Transaction ID : SA11AI.7521**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 \$100 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	906.00
<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 14 OF 22
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vitti, Robert, , ,</b>		Date of Receipt 12 / 31 / 2021 <b>Transaction ID : SA11AI.7533</b>
Mailing Address 777 Old Saw Mill River Road		Amount of Each Receipt this Period 288.45
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$96.15 Bi-weekly payroll deduction
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) VP Clinical Sciences - Ophthalmology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Volpe, Mark, , ,</b>		Date of Receipt 12 / 31 / 2021 <b>Transaction ID : SA11AI.7514</b>
Mailing Address 777 Old Saw Mill River Road		Amount of Each Receipt this Period 288.45
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$96.15 Bi-weekly payroll deduction
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Vice President - Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Volpe, Valerie, , ,</b>		Date of Receipt 12 / 31 / 2021 <b>Transaction ID : SA11AI.7536</b>
Mailing Address 777 Old Saw Mill River Road		Amount of Each Receipt this Period 115.38
City Tarrytown	State NY	Zip Code 10591
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item \$38.46 Bi-weekly payroll deduction
Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Dir. Gvt. Affairs & Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.28
<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: PAGE 15 OF 22  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zambrowicz, Brian, , ,**

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 V**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2600.00**

Date of Receipt  
**12 / 31 / 2021**

**Transaction ID : SA11A1.7519**

Amount of Each Receipt this Period  
**300.00**

Memo Item  
**\$100 Bi-weekly payroll deduction**

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8239.44</b>

**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 22  
(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 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 ▼  
 4160.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2021

**Transaction ID : SA15.7538**

Amount of Each Receipt this Period  
 347.02

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	347.02
<b>TOTAL</b> This Period (last page this line number only).....▶	347.02



**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**

Mailing Address Two Corporate Drive

City Shelton State CT Zip Code 06484

Purpose of Disbursement  
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2021

FEC Identification Number

**C**

**Transaction ID : SB21B.7539**

Amount of Each Disbursement this Period

347.02

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

347.02
347.02

**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"/> 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**

**A. BILL CASSIDY FOR US SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 80505

M M M	/	D D D	/	Y Y Y Y Y
12		17		2021

City BATON ROUGE State LA Zip Code 70898

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00543983

Transaction ID : SB23.7560

Amount of Each Disbursement this Period

Candidate Name CASSIDY, WILLIAM M., , ,

2500.00
---------

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) State: LA District: 00

Memo Item

**B. BLUE HEN FEDERAL PAC**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 600 PENNSYLVANIA AVE SE #15180

M M M	/	D D D	/	Y Y Y Y Y
12		17		2021

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00493700

Transaction ID : SB23.7549

Amount of Each Disbursement this Period

Candidate Name

1500.00
---------

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) State: District:

Memo Item

**C. BUCSHON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 250

M M M	/	D D D	/	Y Y Y Y Y
12		17		2021

City NEWBURGH State IN Zip Code 47629

FEC Identification Number

Purpose of Disbursement Political Contribution

011
Category/Type

C C00468256

Transaction ID : SB23.7559

Amount of Each Disbursement this Period

Candidate Name BUCSHON, LARRY D., , ,

1000.00
---------

Office Sought:  House  Senate  President Disbursement For: 2022  Primary  General  Other (specify) State: IN District: 08

Memo Item

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

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

5000.00

**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"/> 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**

**A. CATHY MCMORRIS RODGERS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**MCMORRIS RODGERS, CATHY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C C00390476

Transaction ID : SB23.7567

Amount of Each Disbursement this Period

2500.00

Memo Item

**B. CLARKE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 250200

City BROOKLYN State NY Zip Code 11225

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**CLARKE, YVETTE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C C00415331

Transaction ID : SB23.7552

Amount of Each Disbursement this Period

1000.00

Memo Item

**C. FRIENDS OF SCHUMER**

Full Name (Last, First, Middle Initial)

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
Political Contribution

011  
Category/  
Type

Candidate Name  
**SCHUMER, CHARLES E, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C C00346312

Transaction ID : SB23.7551

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

**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"/> 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**

**A. JAIME FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1614

City RIDGEFIELD State WA Zip Code 98642

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**HERRERA BEUTLER, JAIME, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C00472704

Transaction ID : SB23.7545

Amount of Each Disbursement this Period

1000.00

Memo Item

**B. JOE MORELLE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 90914

City ROCHESTER State NY Zip Code 14609

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**MORELLE, JOSEPH D, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NY District: 25

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C00675108

Transaction ID : SB23.7542

Amount of Each Disbursement this Period

2500.00

Memo Item

**C. LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 261172

City HARTFORD State CT Zip Code 06126-1172

Purpose of Disbursement Political Contribution

011  
Category/Type

Candidate Name  
**LARSON, JOHN B, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2021

FEC Identification Number

C00330142

Transaction ID : SB23.7546

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

5000.00

**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"/> 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) <b>A. MARSHA FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2021
Mailing Address PO BOX 3750		FEC Identification Number C 000376939 <b>Transaction ID : SB23.7558</b>
City BRENTWOOD	State TN	Zip Code 37024
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>BLACKBURN, MARSHA MRS., , ,</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. PEOPLE FOR PATTY MURRAY</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2021
Mailing Address PO BOX 3662		FEC Identification Number C 000257642 <b>Transaction ID : SB23.7547</b>
City SEATTLE	State WA	Zip Code 98124
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name <b>MURRAY, PATTY, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2021
Mailing Address 910 17TH ST NW STE 925		FEC Identification Number C 000563601 <b>Transaction ID : SB23.7561</b>
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement Political Contribution		011 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	<input type="checkbox"/> Memo Item

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

8500.00

**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"/> 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**

**A. THOM TILLIS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Political Contribution

Candidate Name TILLIS, THOM R., , ,

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: NC District: 00

Date of Disbursement: 12 / 17 / 2021

FEC Identification Number: C 00545772

Transaction ID : SB23.7548

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27000.00