

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="58959.31"/>	<input type="text" value="58959.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83470.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21068.75"/>	<input type="text" value="51006.40"/>
(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="104539.58"/>	<input type="text" value="109965.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="323.32"/>	<input type="text" value="5749.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="104216.26"/>	<input type="text" value="104216.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	19607.43	45426.31
(ii) Unitemized	1138.00	3530.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20745.43	48956.95
(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)	20745.43	48956.95
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).....	323.32	2049.45
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)).....▶	21068.75	51006.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21068.75	51006.40

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	323.32	2049.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	323.32	2049.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3700.00
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)) ..	323.32	5749.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	323.32	5749.45

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)	20745.43	48956.95
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20745.43	48956.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	323.32	2049.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	323.32	2049.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. 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 ▼ 325.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5099
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$25 Bi-weekly payroll deduction

B. 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 ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5110
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 Bi-weekly payroll deduction

C. Calabro, John, , ,
 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 - Internal Audit
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 19 / 2017
Transaction ID : SA11AI.5139
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5434.62
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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) VP- Clinical Scale Mfg. & Sciences
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5100
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

B. 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 ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5098
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

C. 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) Senior Manager-Therapeutic Antibodies
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5106
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	484.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Fandl, James, , ,
 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, Protein Express
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.31

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5129
 Amount of Each Receipt this Period 384.31
 Memo Item
 Bi-weekly payroll deductions of \$192.00 & \$192.31

B. 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) VP-Controller - Financial Planning
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5105
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

C. 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) VP Deputy Head - Clinical Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5115
 Amount of Each Receipt this Period 76.92
 Memo Item
 \$38.46 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	653.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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) VP - QA & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5116
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regeneron Pharmaceuticals Inc. Occupation (for Individual) Sr. VP - General Counsel & Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5102
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 Bi-weekly payroll deduction

C. 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
 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 ▼ 250.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5108
 Amount of Each Receipt this Period 100.00
 Memo Item
 \$50 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	676.93
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:	PAGE 10 OF 15
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5113
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 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) VP - Corporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5097
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 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) Sr. VP - Research Regeneron Labs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5118
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1153.86
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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5101
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 Bi-weekly payroll deduction

B. Schleifer, Leonard, , Dr.,
 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) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 12 / 2017
Transaction ID : SA11AI.5140
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Smeland, Tor, , ,
 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. - Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5109
 Amount of Each Receipt this Period 384.62
 Memo Item
 \$192.31 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5769.24
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5117
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

B. 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 - Taxes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5103
 Amount of Each Receipt this Period 192.31
 Memo Item
 Bi-weekly payroll deductions of \$96.16 & \$96.15

C. Westing, Stephen, , ,
 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. Med Aff. - Ophthalmology Sciences
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 23 / 2017
Transaction ID : SA11AI.5111
 Amount of Each Receipt this Period 50.00
 Memo Item
 \$25 Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	434.62
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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<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
Yancopoulos, George, , ,

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) President & Chief Scientific Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : SA11A1.5141

Amount of Each Receipt this Period
5000.00

Memo Item

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)
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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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	19607.43

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name 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 ▼
323.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2017

Transaction ID : SA15.5144

Amount of Each Receipt this Period
323.32

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

SUBTOTAL of Receipts This Page (optional).....▶	323.32
TOTAL This Period (last page this line number only).....▶	323.32

**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

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2017

FEC Identification Number

Transaction ID : SB21B.5145
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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