



**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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67017.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6919.23"/>	<input type="text" value="15744.97"/>
(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="73936.60"/>	<input type="text" value="74704.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4002.07"/>	<input type="text" value="4769.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69934.53"/>	<input type="text" value="69934.53"/>
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).....	6034.38	12572.58
(ii) Unitemized .....	255.00	2102.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6289.38	14675.22
(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) .....	6289.38	14675.22
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).....	629.85	1069.75
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)).....▶	6919.23	15744.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6919.23	15744.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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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 .....	302.07	1069.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	302.07	1069.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3700.00	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)) ..	4002.07	4769.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4002.07	4769.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	6289.38	14675.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6289.38	14675.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	302.07	1069.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	629.85	1069.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-327.78	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 13
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Regeneron Pharmaceuticals Inc.	Occupation (for Individual) Sr. VP - Regulatory Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

**Transaction ID : SA11AI.5026**

Amount of Each Receipt this Period  
576.90

Memo Item  
\$192.30 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
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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 Scale Mfg. & Sciences
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

**Transaction ID : SA11AI.5016**

Amount of Each Receipt this Period  
288.45

Memo Item  
\$96.15 Bi-weekly payroll deduction

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

Mailing Address 777 Old Saw Mill River Road

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
673.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2017

**Transaction ID : SA11AI.5014**

Amount of Each Receipt this Period  
288.45

Memo Item  
\$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1153.80
<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 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 350.00

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5023**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 \$50 Bi-weekly payroll deduction

**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 ▼ 673.05

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5021**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**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 ▼ 269.22

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5028**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 \$38.46 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.83
<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 8 OF 13
<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 ▼ 673.05

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5029**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 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  
 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5018**  
 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  
 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5013**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1442.25  
**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 13
<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. 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5012**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**B. 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5032**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**C. 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5017**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<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. 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 ▼ 1346.10

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5025**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 \$192.30 Bi-weekly payroll deduction

**B. 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 ▼ 673.05

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5031**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

**C. 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 ▼ 673.05

Date of Receipt 03 / 31 / 2017  
**Transaction ID : SA11AI.5019**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 \$96.15 Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1153.80
<b>TOTAL</b> This Period (last page this line number only).....	6034.38

**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 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Regeneron Pharmaceuticals, Inc. PAC**

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** C00562264

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
767.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

**Transaction ID : SA15.5033**

Amount of Each Receipt this Period  
327.78

Memo Item  
Reimbursement of Expenses - Bank fees

**B. Regeneron Pharmaceuticals, Inc. PAC**

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** C00562264

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1069.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

**Transaction ID : SA15.5034**

Amount of Each Receipt this Period  
302.07

Memo Item  
Reimbursement of Expenses - Bank fees

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	629.85
<b>TOTAL</b> This Period (last page this line number only).....▶	629.85

**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

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) <b>A. JP Morgan Chase Bank, NA</b>		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017	
Mailing Address Two Corporate Drive		FEC Identification Number C [ ]	
City Shelton	State CT	Zip Code 06484	<b>Transaction ID : SB21B.5035</b>
Purpose of Disbursement Bank fees		Category/Type 001	Amount of Each Disbursement this Period 302.07
Candidate Name		<input type="checkbox"/> Memo Item	
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:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	302.07
<b>TOTAL</b> This Period (last page this line number only).....▶	302.07

**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

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. NITA LOWEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 271

M M M	/	D D D	/	Y Y Y Y Y
03		31		2017

City White Plains State NY Zip Code 10605

FEC Identification Number

Purpose of Disbursement  
Political contribution

C	C00219881
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Candidate Name  
**LOWEY, NITA M, , ,**

011
Category/ Type

**Transaction ID : SB23.5039**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 17

1000.00
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Memo Item

**B. TOM REED FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 10847

M M M	/	D D D	/	Y Y Y Y Y
03		31		2017

City ROCHESTER State NY Zip Code 14610

FEC Identification Number

Purpose of Disbursement  
Political contribution

C	C00464032
---	-----------

Candidate Name  
**REED, THOMAS W II, , ,**

011
Category/ Type

**Transaction ID : SB23.5038**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 23

2700.00
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Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

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

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Memo Item

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

3700.00
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**TOTAL** This Period (last page this line number only).....▶

3700.00
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