09/15/2015 09 : 40

PAGE 1 / 13

FEC FORM 3X	1A	ND DIS	OF RE BURSE An Authorize	MENT	s		Office Use Only	
1. NAME OF COMMITTEE (in t		PE OR PRINT		ample: If typir er the lines.	ng, type	12FE4M5	5	
Regeneron Pha	armaceutic	als, Inc. P						
ADDRESS (number and		77 Old Saw Mill	River Road					
Check if diffe than previous reported. (AC	sly , -	Farrytown				NY	10591] - [
2. FEC IDENTIFIC	ATION NUME	ER 🔻	CITY 🔺		S		ZIP C	ODE 🔺
C C00562264			3. IS THIS REPORT		NEW N) OR	AN (A)	MENDED)	
July 15 Quarterly October Quarterly January	orts: Report (Q1) Report (Q2) 15 Report (Q3) 31		Election t for the:		12C)	× Sep	(12S) in the	
July 31 M Report (N Year Onl	Non-election		Election on Y-Election t for the: Election on	General (300	à)	Runoff (30R) In the State	Special (30S)
5. Covering Period		/ D D / 01	20 <u>1</u> 5	through	08	/ D D / 31	2015]
I certify that I have ex Type or Print Name of		eport and to t	-	owledge and I	belief it is true	e, correct an	d complete.	
Signature of Treasurer	Robert E.	Landry		[Electronically	y Filed] Da	ate 09	M / D D / 15	2015
NOTE: Submission of fa	alse, erroneous	, or incomplete	information may s	subject the pers	son signing th	is Report to t		
Use							FEC FO Rev. 12	

iiiia	ge# 201505155002254000		
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Irite or Type Committee Name		
I	Regeneron Pharmaceuticals, Inc.	PAC	
R	eport Covering the Period: From:	08 / D D / Y Y Y Y 08 01 2015 To:	M M / D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		22658.61
	(b) Cash on Hand at Beginning of Reporting Period	59817.06	
	(c) Total Receipts (from Line 19)	5012.39	45235.67
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	64829.45	67894.28
7.	Total Disbursements (from Line 31)	434.87	3499.70
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64394.58	64394.58
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Schedule C and/or Schedule D)

For further information contact:

0.00

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

45235.67

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC

Report Covering the Period: From:		To: 08 / D D / Y Y Y 31 2015	
I. Receipts	I. Receipts COLUMN A Total This Period		
 Contributions (other than loans) From: (a) Individuals/Persons Other 			
Than Political Committees			
(i) Itemized (use Schedule A)	4507.52	39329.48	
(ii) Unitemized	70.00	2406.49	
(iii) TOTAL (add	1577.50	41735.97	
Lines 11(a)(i) and (ii)	4577.52	4175.97	
(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	4577.50	41735.97	
Totals to Line 33, page 5)▶	4577.52	41733.97	
2. Transfers From Affiliated/Other Party Committees	0.00	0.00	
Farty Commutees		7 7 7	
3. All Loans Received	0.00	0.00	
		1	
4. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	434.87	3499.70	
6. Refunds of Contributions Made			
to Federal Candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts	0.00		
(Dividends, Interest, etc.)	0.00	0.00	
3. Transfers from Non-Federal and Levin Funds		7 7	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(a) Total Transford (add 19(a) and 19(b))	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))►	5012.39	45235.67	
. Total Federal Receipts			
	E012.20	15005.0	

5012.39

FE6AN026

(subtract Line 18(c) from Line 19)►

I

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	434.87	3499.7
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	434.87	3499.7
Transfers to Affiliated/Other Party		0.0
Committees Contributions to Federal Candidates/Committees and Other Political Committees	0.00	
and Other Political Committees	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
		0.0
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	0.0
(add Lines 28(a), (b), and (c))▶		
Other Disbursements	0.00	0.0
Federal Election Activity (2 U.S.C. §431(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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	434.87	3499.7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	434.87	3499.70

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	4577.52	41735.97
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	4577.52	41735.97
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	434.87	3499.70
. Offsets to Operating Expenditures (from Line 15, page 3)	434.87	3499.70
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC Form 3	BX)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

PAGE 6 OF

		-	Use separate schedule(s)		(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a			11c		12	—	
Ar	y information copied from such Reports and for commercial purposes, other than using	d Statements ma the name and a	A not be sold or used by any p address of any political committee	erson	for the	purpos ptributic	se of	15 soliciting	g cor	16 ntributi mmitte	17 ions e.	
	NAME OF COMMITTEE (In Full)		address of any pointear commute				5113 11	oni suc				
	Regeneron Pharmaceuticals,	Inc. PAC										
Α.	Full Name (Last, First, Middle Initial) Keith Anderson				Date o	f Recei	pt					
	Mailing Address 777 Old Saw Mill River Road			08 21 2015								
	City	State	Zip Code		Trans	action	ID : \$	SA11AI	.4380	0		
	Tarrytown	NY	10591	_	Amoun	t of Ea	ch Re	eceipt tl	his P	eriod		
	FEC ID number of contributing federal political committee.	С						,	_	50.	00	
	Name of Employer	Occupation	1		Bi-week	ly payro	oll deo	duction:	\$25.	.00		
	Regeneron Pharmaceuticals Inc.	Sr. Staff Sc	eintist									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			11.								
	Other (specify)		425.00									
в.	Full Name (Last, First, Middle Initial) Ned Braunstein				Date o	f Recei	pt					
	Mailing Address 777 Old Saw Mill River Roa	ad			м м 08	/	21	/ Y) 15	Y	
	City	State	Zip Code		Trans	action	ID : 5	SA11AI	.4392	2		
	Tarrytown	NY	10591		Amoun	t of Ea	ch Re	eceipt tl	his P	'eriod		
	FEC ID number of contributing federal political committee.	C				5			_	384.	60	
	Name of Employer	Occupation	1		Bi-week	y payro	oll dec	luction:	\$192	2.30		
	Regeneron Pharmaceuticals Inc.	Sr. VP - Re	gulatory Affairs									
	Receipt For: Primary General		Year-to-Date ▼									
	Other (specify)		3269.10	1								
с.	Full Name (Last, First, Middle Initial) Scott Carver				Date o	f Recei	pt					
	Mailing Address 777 Old Saw Mill River Roa	ad			м м 08	/	21	/ Y)15	Y	
	City	State	Zip Code		Trans	saction	ID : 3	SA11AI	.4381	1		
	Tarrytown	NY	10591		Amoun	t of Ea	ch Re	eceipt tl	his P	eriod		
	FEC ID number of contributing federal political committee.	C				,		J		192.	30	
	Name of Employer	Occupation	1	\neg	Bi-week	ly payro	oll de	duction:	\$96.	.15		
	Regeneron Pharmaceuticals Inc.	VP- Clinica	I Scale Mfg. & Sciences									
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General Other (specify) ▼		1634.55									
Г							-		_			

SUBTOTAL of Receipts This Page (optional)			7			7	62	6.90	
	_	1.1		1.1	1	1.1		1.1	1
TOTAL This Period (last page this line number only)	•	 	- 7 -			-	 		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

13

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals,	Inc. PAC		
Full Name (Last, First, Middle Initial) A. Christopher Daly Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director - C	Zip Code 10591 Dincology & Angiogenesis Year-to-Date ▼ 1634.55	Date of Receipt M M M / D D / Y Y Y Y Y 08 21 2015 Transaction ID : SA11AI.4379 Amount of Each Receipt this Period 192.30 Bi-weekly payroll deduction: \$96.15
Full Name (Last, First, Middle Initial) B. Jeanette Fairhurst Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Senior Man	Zip Code 10591 ager-Therapeutic Antibodies Year-to-Date ▼ 850.00	Date of Receipt Date of Receipt 08 21 21 2015 Transaction ID : SA11AI.4388 Amount of Each Receipt this Period 100.00 Bi-weekly payroll deduction: \$50.00
Full Name (Last, First, Middle Initial) C. Chris Fenimore Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP - Finance	Zip Code 10591 cial Planning Year-to-Date ▼ 1634.55	Date of Receipt M M M / D D / 2015 Transaction ID : SA11AI.4386 Amount of Each Receipt this Period 192.30 Bi-weekly payroll deduction: \$96.15
SUBTOTAL of Receipts This Page (optional).			484.60

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

13

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
	ts and Statements may not be sold or used by any using the name and address of any political committ	person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Regeneron Pharmaceutic	als, Inc. PAC											
Full Name (Last, First, Middle Initial) A. Gregory Geba Mailing Address 777 Old Saw Mill Riv City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	er Road State Zip Code NY 10591 C Occupation VP Deputy Head - Clinical Development Aggregate Year-to-Date ▼ 653.82	Date of Receipt 08 21 2015 Transaction ID : SA11AI.4394 Amount of Each Receipt this Period Fi.92 Bi-weekly payroll deduction: \$38.46										
B. Full Name (Last, First, Middle Initial) Mailing Address 777 Old Saw Mill Riv	er Road State Zip Code	Date of Receipt										
Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	NY 10591 C Occupation VP - QA & Operations Aggregate Year-to-Date ▼ 1634.55	Transaction ID : SA11AI.4395 Amount of Each Receipt this Period 192.30 Bi-weekly payroll deduction: \$96.15										
Full Name (Last, First, Middle Initial) C. Joseph LaRosa Mailing Address 777 Old Saw Mill Riv City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	er Road State Zip Code NY 10591 C Occupation Sr. VP - General Counsel & Secretary Aggregate Year-to-Date ▼ 3269.10	Date of Receipt 08 21 2015 Transaction ID : SA11AI.4383 Amount of Each Receipt this Period 384.60 Bi-weekly payroll deduction: \$192.30										

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

13

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals,	Inc. PAC		
Full Name (Last, First, Middle Initial) A. Scott Mellis Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify)	State NY C Occupation VP - Clinica	Zip Code 10591 al Sciences Trans. Medicine Year-to-Date ▼ 3269.10	Date of Receipt 08 21 2015 Transaction ID : SA11AI.4378 Amount of Each Receipt this Period 384.60 Bi-weekly payroll deduction: \$192.30
Full Name (Last, First, Middle Initial) B. Hala Mirza Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP - Corpor	Zip Code 10591 rate Communications Year-to-Date ▼ 3269.10	Date of Receipt M M / 21 2015 Transaction ID : SA11AI.4377 Amount of Each Receipt this Period 384.60 Bi-weekly payroll deduction: \$192.30
Full Name (Last, First, Middle Initial) C. Andrew Murphy Mailing Address 777 Old Saw Mill River Roa City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Sr. VP - Re	Zip Code 10591 esearch Regeneron Labs Year-to-Date ▼ 769.20	Date of Receipt 08 / 21 / 2015 Transaction ID : SA11AI.4398 Amount of Each Receipt this Period 384.60 Bi-weekly payroll deduction: \$192.30
SUBTOTAL of Receipts This Page (optional).		<u>, , , , , , , , , , , , , , , , , , , </u>	1153.80

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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13

			Detailed Summary Page		X	11a		11b	11c	12				
						13		14	15	16		17		
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	statements may and a	ay not be sold or used by any p address of any political committee	ersor e to s	n fo soli	or the pricit con	purp ntrib	pose of utions	f soliciting	i contri 1 comn	butio nitte	ons e.		
$\left[\right]$	NAME OF COMMITTEE (In Full)													
	Regeneron Pharmaceuticals, Ir	nc. PAC												
Α.	Full Name (Last, First, Middle Initial) William Olson				D	Date of	Re	ceipt						
	Mailing Address 777 Old Saw Mill River Road				Ē	M M	_	D	D / Y	Y	Y	Y		
	City	State	Zip Code		ŀ	08		21		2015	;	_		
	Tarrytown	NY	10591	-					SA11AI. Receipt th		od			
	FEC ID number of contributing federal political committee.	С				inount					84.6	30		
					Bi	-weekl		avroll de	eduction:	\$192.3	0			
	Name of Employer	Occupation			2.	noona)	ayron ac		¢102.0	0			
	Regeneron Pharmaceuticals Inc. Receipt For:		rrch & Development											
	Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		3269.10											
в.	Full Name (Last, First, Middle Initial) Jeffrey Skulsky	Date of Receipt												
	Mailing Address 777 Old Saw Mill River Road			08 21 2015 Transaction ID : SA11AI.4390										
	City	State	Zip Code											
	Tarrytown	NY	10591		A	mount	of	Each F	Receipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С			l			7			84.6	0		
	Name of Employer	Occupation	1		Bi-	weekly	y pa	yroll de	eduction: \$	\$192.30)			
	Regeneron Pharmaceuticals Inc.	VP - Info Sy	stems and Technologies											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.10											
<u>с</u> .	Full Name (Last, First, Middle Initial) Tor Smeland				D	ate of	Re	ceipt						
	Mailing Address 777 Old Saw Mill River Road				ſ	м м 08	/	21		2015		ŕ		
	City	State	Zip Code			Trans	act	ion ID :	SA11AI.	4391				
	Tarrytown	NY	10591		A	mount	of	Each F	Receipt th	is Peri	od			
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer	Occupation	1	\neg	Ы	-weeki	у ра	ayroll de	eduction:	φ192.3	U			
	Regeneron Pharmaceuticals Inc.	Exec. Dir	Assistant General Counsel											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		3269.10]										
s	UBTOTAL of Receipts This Page (optional)			•	Ī					11;	53.8	0		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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13

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17								
Any information copied from such Reports a or for commercial purposes, other than using				for the	purp	ose o	f soliciting	g contribu	itions								
NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals	-																
Full Name (Last, First, Middle Initial) A. Robert Vitti Mailing Address 777 Old Saw Mill River R City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Clinical	Zip Code 10591 Sciences - Ophthalmology Year-to-Date ▼ 961.50		Amoun	sactio	21 on ID Each F		nis Perioc 192									
B. Full Name (Last, First, Middle Initial) Mark Volpe Mailing Address 777 Old Saw Mill River Ro City	Mark Volpe Mailing Address 777 Old Saw Mill River Road						Date of Receipt										
Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For:	NY C Occupation Executive D Aggregate	Amount of Each Receipt this Period Bi-weekly payroll deduction: \$96.15															
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Stephen Westing		1634.55]	Date o	f Rec	ceipt											
Mailing Address 777 Old Saw Mill River R City Tarrytown FEC ID number of contributing federal political committee. Name of Employer Regeneron Pharmaceuticals Inc. Receipt For: Other (specify) ▼	State NY C Occupation Dir. Med Af	Zip Code 10591 f Opthalmology Sciences Year-to-Date ▼ 425.00		Amoun	it of E	Each I		nis Perioc 50									
SUBTOTAL of Receipts This Page (optiona	al)							434	.60								

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

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4507.52

1. AL

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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13

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$											
	and Statements may not be sold or used by any ng the name and address of any political commit	person for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) Regeneron Pharmaceutical	s, Inc. PAC												
Full Name (Last, First, Middle Initial) A. Regeneron Pharmaceuticals, Inc Mailing Address 777 Old Saw Mill River		Date of Receipt											
City Tarrytown	State Zip Code NY 10591	Transaction ID : SA15.4399											
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 434.87											
Name of Employer	Occupation	Reimbursement of previously paid admin. expension (i.e., bank fees)											
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3499.70												
Full Name (Last, First, Middle Initial)	Date of Receipt												
Mailing Address													
City	State Zip Code	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C												
Name of Employer	Occupation												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼												
Full Name (Last, First, Middle Initial)		Date of Receipt											
Mailing Address													
City	State Zip Code	Amount of Each Descint this Deviad											
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period											
Name of Employer	Occupation												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼												
SUBTOTAL of Receipts This Page (option	al)	434.87											
TOTAL This Pariod (last page this line pu		434.87											

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

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S	CHEDULE B (FEC Form 3X)		F	OR	LINE I		ER				PAGE	= 13	OF 13					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k only	one)			1 00									
		Detailed Summary Page			21b 27		2 8a	\vdash	23 28b	24	L	25 29	26 30b					
	y information copied from such Reports and Stater for commercial purposes, other than using the nan																	
\backslash	NAME OF COMMITTEE (In Full)																	
	Regeneron Pharmaceuticals, Inc. F	PAC																
Full Name (Last, First, Middle Initial) A. JP Morgan Chase Bank, NA Mailing Address Two Corporate Drive									Date of Disbursement									
	Purpose of Disbursement	CT 06484	_	_	_													
	Bank Fees		(001		Am	oun	t of	Each	Disbur	seme	ent this	Period					
	Candidate Name		Cat T	ego ype	ry/				7			43	4.87					
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v																
	State: District: Full Name (Last, First, Middle Initial)																	
B.	run Name (Last, Filst, Middle Initial)						te of	f Di	sburse		V	Y Y	V					
	Mailing Address	ddress																
		State Zip Code																
	Purpose of Disbursement			-		Amount of Each Disbursement this Period												
	Candidate Name		Category/ Type															
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼																
	State: District:																	
C.	Full Name (Last, First, Middle Initial)					_		f Dis	sburse		V	V	V					
	Mailing Address City State Zip Code																	
	Purpose of Disbursement																	
Candidate Name					ry/	Amount of Each Disbursement this Period							Period					
	Type Office Sought: House Senate Primary President Other (specify)																	
_	State: District:																	
⊢	UBTOTAL of Disbursements This Page (optional)							-	<u>,</u>	-			4.87 4.87					
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