PAGE 1 / 10

Image# 201602199008503980

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X F | or Other Than | An Authorized | I Committee | ė | | Office Use Onl | у |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|---------------------------------|-------------------|-----------------|-------------------|-----------------|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT | | mple: If typing r the lines. | g, type | 12FE4M5 | | |
| Regeneron Pharmaceu | iticals, Inc. P | AC | | | | | |
| | | | | | | | |
| ADDRESS (number and street) | 777 Old Saw Mil | I River Road | | | | | |
| Check if different than previously reported. (ACC) | Tarrytown | | | | NY | 10591 |]-[|
| 2. FEC IDENTIFICATION NU | MBER ▼ | CITY ▲ | | : | STATE 🛦 | ZIP (| CODE A |
| C C00562264 | | 3. IS THIS REPORT | × NE | EW) OR | AN (A) | MENDED) | |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY) Termination Report (TER) | (c) 12-Da PRE-E Repor (d) 30-Da POST | Election t for the: Election on | Ju | , D D / | Sep | in th | Special (30S) |
| 5. Covering Period 01 | 01 | 2016 | through | 01_ | 31 | 2016 | |
| I certify that I have examined thi Type or Print Name of Treasurer | | - | wledge and be | elief it is tru | ue, correct an | d complete. | |
| Signature of Treasurer Rober | t E. Landry | | [Electronically I | Filed] [| Date 02 | / D D D 19 | 2016 |
| NOTE: Submission of false, errone | ous, or incomplete | information may su | bject the perso | on signing th | nis Report to t | he penalties of | 2 U.S.C. §437g. |
| Office Use Only | | | | | | FEC FC Rev. 12 | |

| FFO Favor QV (Days co/cocc) | OF RECEIPTS AND DISBURSEMENTS | D 6 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
| FEC Form 3X (Rev. 02/2003) Write or Type Committee Name | | Page 2 |
| Regeneron Pharmaceuticals, Inc. | PAC | |
| Tregeneron Friannaceuticais, inc. | FAC | |
| Report Covering the Period: From: | 01 | 01 |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2016 | | 77551.35 |
| (b) Cash on Hand at Beginning of Reporting Period | 77551.35 | |
| (c) Total Receipts (from Line 19) | 4636.92 | 4636.92 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 82188.27 | 82188.27 |
| 7. Total Disbursements (from Line 31) | 444.00 | 444.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 81744.27 | 81744.27 |
| 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 Schedule C and/or Schedule D) | 0.00 | |
| This committee has qualified as a multic | candidate committee. (see FEC FORM 1M) | |
| | For further information contact: | |
| | Federal Election Commission 999 E Street, NW Washington, DC 20463 | |
| | Toll Free 800-424-9530 Local 202-694-1100 | |

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| Regeneron Pharmaceuticals, Inc |
|--------------------------------|
|--------------------------------|

| Report Covering the Period: From: 01 | 01 2016 | To: 01 31 2016 |
|-----------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| I. Receipts | COLUMN A | COLUMN B |
| <u> </u> | Total This Period | Calendar Year-to-Date |
| Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| Than Political Committees | | |
| (i) Itemized (use Schedule A) | 2692.20 | 2692.20 |
| (1) 1101111200 (000 001100010 71) | | |
| (ii) Unitemized | 1500.72 | 1500.72 |
| (iii) TOTAL (add | | |
| Lines 11(a)(i) and (ii)▶ | 4192.92 | 4192.92 |
| Г | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contributions (add Lines | | 0.00 |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5) | 4192.92 | 4192.92 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| F | | |
| 3. All Loans Received | 0.00 | 0.00 |
| _ | | |
| Loan Repayments Received | 0.00 | 0.00 |
| 5. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 444.00 | 444.00 |
| 6. Refunds of Contributions Made | | |
| to Federal Candidates and Other | 0.00 | 0.00 |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 3. Transfers from Non-Federal and Levin Funds | 0.00 | 0.00 |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (0) 201111 1 21120 (110111 20112 2011 1101 110 | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 4636.92 | 4636.9 |
|). Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 4636.92 | 4636.92 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | |
|------------------------------------------------------------------------------------|----------------------------|-----------------------------------|--|--|--|
| . Operating Expenditures: (a) Allocated Federal/Non-Federal | Total Tills I Gilou | Calcilual Teal-10-Date | | | |
| Activity (from Schedule H4) | | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | |
| | 0.00 | 0.00 | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | |
| (b) Other Federal Operating Expenditures | 444.00 | 444.00 | | | |
| (c) Total Operating Expenditures | 777.00 | 777.00 | | | |
| (add 21(a)(i), (a)(ii), and (b))▶ | 444.00 | 444.00 | | | |
| Transfers to Affiliated/Other Party | | | | | |
| Contributions to | 0.00 | 0.00 | | | |
| Contributions to Federal Candidates/Committees | 0.00 | 200 | | | |
| and Other Political Committees | 0.00 | 0.00 | | | |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 | | | |
| Coordinated Party Expenditures | 7 7 | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | |
| | | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | |
| _ | | | | | |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 | | | |
| (a) Individuals/Persons Other | 0.00 | 0.00 | | | |
| Than Political Committees | 0.00 | 0.00 | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | |
| (c) Other Political Committees | 7 7 7 | | | | |
| (such as PACs) | 0.00 | 0.00 | | | |
| (d) Tatal Cantribution Defined | | | | | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | 0.00 | 0.00 | | | |
| (add Ellies 20(a), (b), and (c), | | | | | |
| Other Disbursements | 0.00 | 0.00 | | | |
| | | | | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | | |
| (a) Allocated Federal Election Activity | | | | | |
| (from Schedule H6) | 0.00 | 0.00 | | | |
| (i) Federal Share | 0.00 | 7 7 | | | |
| (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 | | | |
| Total Dishuraamenta (add Lines 01/s) 00 | | | | | |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 444.00 | 444.00 | | | |
| 20, 27, 20, 20, 21, 20(u), 28 dilu 30(c)) | 444.00 | 444.00 | | | |
| Total Federal Disbursements | | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | | |
| from Line 31) | 444.00 | 444.00 | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | |
|-----------------------------------------------------------------------------|-------------------------------|-----------------------------------|--|--|--|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 4192.92 | 4192.92 | | | |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | | |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4192.92 | 4192.92 | | | |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 444.00 | 444.00 | | | |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 444.00 | 444.00 | | | |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 | | | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

10

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Ned Braunstein Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 City Zip Code State Transaction ID: SA11AI.4549 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Sr. VP - Regulatory Affairs Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph LaRosa Date of Receipt Mailing Address 777 Old Saw Mill River Road 01 22 2016 City State Zip Code Transaction ID: SA11AI.4541 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Regeneron Pharmaceuticals Inc. Sr. VP - General Counsel & Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. Scott Mellis Date of Receipt Mailing Address 777 Old Saw Mill River Road 01 22 2016 City State Zip Code Transaction ID: SA11AI.4536 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 С federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Regeneron Pharmaceuticals Inc. VP - Clinical Sciences Trans. Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 1153.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

10

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Hala Mirza Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 City Zip Code State Transaction ID: SA11AI.4535 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation VP - Corporate Communications Regeneron Pharmaceuticals Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Murphy Date of Receipt Mailing Address 777 Old Saw Mill River Road 01 22 2016 City State Zip Code Transaction ID: SA11AI.4555 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Regeneron Pharmaceuticals Inc. Sr. VP - Research Regeneron Labs Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) c. William Olson Date of Receipt Mailing Address 777 Old Saw Mill River Road 01 22 2016 City State Zip Code Transaction ID: SA11AI.4540 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing 384.60 С federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Regeneron Pharmaceuticals Inc. VP - Research & Development Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) 1153.80 SUBTOTAL of Receipts This Page (optional)..... 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 8 OF (check only one)

X 11a 11b 11c 12

13 14 15 16

10

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Regeneron Pharmaceuticals, Inc. PAC Full Name (Last, First, Middle Initial) Tor Smeland Date of Receipt Mailing Address 777 Old Saw Mill River Road 2016 City Zip Code State Transaction ID: SA11AI.4548 NY Tarrytown 10591 Amount of Each Receipt this Period FEC ID number of contributing C 384.60 federal political committee. \$192.30 Bi-weekly payroll deduction Name of Employer Occupation Regeneron Pharmaceuticals Inc. Exec. Dir. - Assistant General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 384.60 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384.60 SUBTOTAL of Receipts This Page (optional)..... 2692.20 TOTAL This Period (last page this line number only).....

S 17

| CHEDULE A (FEC Form | 3X) Us | se separate schedule(s) | FOR LINE NUMBER: PAGE 9 OF 10 (check only one) | | | | | | | |
|-----------------------------------------------------------------------|--------------------------|-------------------------------------------|----------------------------------------------------------------|--|--|--|--|--|--|--|
| TEMIZED RECEIPTS | for | each category of the etailed Summary Page | 11a 11b 11c 12 | | | | | | | |
| | l De | etailed Suffiffiary Page | 13 14 X 15 16 17 | | | | | | | |
| Any information copied from such Report | s and Statements may not | be sold or used by any p | person for the purpose of soliciting contributions | | | | | | | |
| | sing the name and addres | s of any political committe | e to solicit contributions from such committee. | | | | | | | |
| NAME OF COMMITTEE (In Full) Regeneron Pharmaceutica | als. Inc. PAC | | | | | | | | | |
| | , | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Regeneron Pharmaceuticals, Ir | nc. | | Date of Receipt | | | | | | | |
| Mailing Address 777 Old Saw Mill Rive | r Road | | M = M / D = D / Y = Y = Y | | | | | | | |
| City | State Z | Zip Code | 01 18 2016 Transaction ID - CA15 4523 | | | | | | | |
| Tarrytown | | 10591 | Transaction ID : SA15.4533 Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing | | | | | | | | | | |
| federal political committee. | C | | 444.00 | | | | | | | |
| Name of Employer | Occupation | | Reimbursement of previously paid admin. exp (i.e., bank fees) | | | | | | | |
| Receipt For: | Aggregate Year- | to-Date ▼ | _ | | | | | | | |
| Primary General | riggrogato roar | | 7 | | | | | | | |
| Other (specify) ▼ | | 444.00 | 1 | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| Mailing Address | Date of Receipt | | | | | | | | | |
| Mailing Address | | | M = M / D = D / Y = Y = Y | | | | | | | |
| City | State Z | Zip Code | | | | | | | | |
| | | | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | |
| Descript For | | | | | | | | | | |
| Receipt For: Primary General | Aggregate Year- | to-Date ▼ | | | | | | | | |
| Other (specify) ▼ | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | |
| | | | Date of Receipt | | | | | | | |
| Mailing Address | | | M = M / D = D / Y = Y = Y | | | | | | | |
| City | State Z | Zip Code | | | | | | | | |
| | | | Amount of Each Receipt this Period | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | |
| Possint For: | | | | | | | | | | |
| Receipt For: Primary General | Aggregate Year- | to-Date ▼ | _ | | | | | | | |
| Other (specify) ▼ | | | | | | | | | | |
| | | | | | | | | | | |
| SUBTOTAL of Receipts This Page (opti- | onal) | | 444.00 | | | | | | | |
| FOTAL This Period (last page this line r | number only) | | 444.00 | | | | | | | |
| | y/ | | | | | | | | | |

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| SCHEDULE B (FE | C Form 3X) | [| | FOF | RLINE | NUMBER | : | | | PAGE | 10 | OF 1 |
|--------------------------------------|-----------------------------|---------------------------------------------------|----------------|----------|-----------|-----------|-------|-----------|-------|------------|----------|--------|
| ITEMIZED DISBURSEMENTS | | Use separate schedule(s) for each category of the | | 1 (0110 | ck only | one) | | | | 104 🖂 == — | | |
| | | | Summary Page | | 21b 27 | 22 28a | | 23 28b | | 24 28c | 25 29 | |
| Any information copied from | such Reports and States | l nents mov | not he cold or | sod by a | | | ni ir | | of so | | | |
| or for commercial purposes, | | | | | | | | | | | | |
| NAME OF COMMITTEE (| In Full) | | | | | | | | | | | |
| Regeneron Pharm | naceuticals, Inc. F | PAC | | | | | | | | | | |
| Full Name (Last, First, Mic | | | | | | | : | | | | | |
| A. JP Morgan Chase | A. JP Morgan Chase Bank, NA | | | | | | | burse | | | | |
| Mailing Address Two Corp | orate Drive | | | | | 01 | / | 1 | - 1 | / | 2016 | Y |
| City | S | State | Zip Code | | | Trans | cacti | on ID | . 60 | 321B.45 | 22 | |
| Shelton | | СТ | 06484 | | | ITalis | Sacu | טו ווט | . 36 | 210.40 | 32 | |
| Purpose of Disbursement Bank Fees | | | | 001 | | Amour | nt of | Each | Disb | urseme | ent this | Period |
| Candidate Name | | | | Categ | | | | | | | 444 | 4.00 |
| Office Sought: Ho | use Disbursen | nent For: | | Тур | е | | _ | 7 | _ | 7 | | |
| • | nate | Primary | General | | | | | | | | | |
| Pro | esident | Other (spec | cify) 🔻 | | | | | | | | | |
| State: District: | | | | | | | | | | | | |
| Full Name (Last, First, Mic | ddle Initial) | | | | | D - : | ٠. | | | | | |
| В. | | | | | | Date o | _ | | | | | |
| Mailing Address | | | | | | M = M | / | D | D | / Y | Y | Y |
| | | | | | | | | | | | | |
| City | | State | Zip Code | | | | | | | | | |
| Purpose of Disbursement | | | | | | | | | | | | |
| | | | | | | Amour | nt of | Each | Disb | urseme | ent this | Period |
| Candidate Name | | | | Categ | | | | | | - | | |
| Office Sought: Ho | use Disbursen | nont For: | | Тур | е | | - | 7 | | 7 | | |
| • — | | nent For: Primary | General | | | | | | | | | |
| | | Other (spec | | | | | | | | | | |
| State: District: | | | • | | | | | | | | | |
| Full Name (Last, First, Mic | ddle Initial) | | | | | | | | | | | |
| C. | | | | | | Date o | | | | | | |
| Mailing Address | | | | | | M = M | / | D | D | / Y | Y | Υ |
| | | | | | | | | | | | | |
| City | | State | Zip Code | | | | | | | | | |
| Purpose of Disbursement | | | | | | | | | | | | |
| | | | | | | Amour | nt of | Each | Disb | urseme | ent this | Period |
| Candidate Name | | | | Categ | ory/ | | - | - | | | - | |
| Office Sought: Ho | use Disbursen | nent Eor: | | Тур | е | | - | 7 | - | 7 | | |
| • — | | Primary | General | | | | | | | | | |
| | | Other (spec | | | | | | | | | | |
| State: District: | | | <u> </u> | | | | | | | | | |
| | | | | | | | - | - | | | | 1.00 |
| SUBTOTAL of Disbursemen | ts This Page (optional) | ····· | | | ▶ | | _ | 7 | _ | 7 | 444 | 1.00 |
| TOTAL This Dovied (last as | no this line number entry | | | | | | | | | | 444 | 1.00 |
| TOTAL This Period (last page | ge this line number only) | | | | ▶ | | | 7 | | 7 | | |