

**HAND DELIVERED**

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April 25, 2014

**HAND-DELIVERED**


Ms. Patricia Young  
Office of Public Disclosure  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**Re: Statement of Organization – Regeneron Pharmaceuticals, Inc. PAC**

Dear Ms. Young:

Enclosed please find for filing a Statement of Organization for Regeneron Pharmaceuticals, Inc. PAC. Please let me know if you have any questions or need further information.

Sincerely Yours,



Lawrence H. Norton

Enclosure

RECEIVED  
2014 APR 25 PM 4:06  
FEC MAIL CENTER

14031231432

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2014 APR 25 PM 4:06

Office Use Only  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Regeneron Pharmaceuticals, Inc. PAC ("Regeneron PAC")

ADDRESS (number and street)

777 Old Saw Mill River Road

(Check if address is changed)

Tarrytown

NY

10591

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

regeneronpac@regeneron.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 22 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert E. Landry

Signature of Treasurer

Robert E. Landry

Date

MM/DD/YYYY  
04 22 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_  
 District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

Regeneron Pharmaceuticals, Inc. PAC ("Regeneron PAC")

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Regeneron Pharmaceuticals, Inc.

Mailing Address

777 Old Saw Mill River Road

Tarrytown

NY

10591

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Joseph J. LaRosa

Mailing Address

777 Old Saw Mill River Road

Tarrytown

NY

10591

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

914

847

7000

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Robert E. Landry

Mailing Address

777 Old Saw Mill River Road

Tarrytown

NY

10591

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

914

847

7000

14031231435

Full Name of Designated Agent

Gregory Geba

Mailing Address

777 Old Saw Mill River Road

Tarrytown

CITY

NY

STATE

10591

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

914 - 847 - 7000

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank, NA

Mailing Address

Two Corporate Drive

Shelton

CITY

CT

STATE

06484

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031231436

## Request For Messenger Delivery/Pick-Up

Date Prepared 04/25/2014	Sender Larry Norton	Ext. No. 24541
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Client/Matter No.	Client/Matter Name 126974/358864
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If Firm Charge, Explain \_\_\_\_\_  
 \_\_\_\_\_

**Information**  
(Please Check One)

Deliver     Pick-Up     Round Trip

Delivery Acknowledgment (e-mail) \_\_\_\_\_

**Must Be Delivered/Picked-Up By:**                         **Date**                         **Time**

Name:                                           *Attention*                      Floor / Room / Suite:                        

Company:                                                                                    

Address:                                                                                    

City:                                                                State:                                              Zip Code:                                                                  

Telephone:                                                                                    

**Items And Quantities**

                     Envelopes                                           Box(es)                                           Other (Specify)

**Special Instructions**

**Please bring back date stamped copy.**

*For Administrative Services Only*

Messenger Service:                                          

Time Rec'd At Dispatch:                            Time Out To Carrier:                            Time Delivered:                        

Commercial Messenger Signature:                                          

Rec'd By:                                          

R/T Rec'd By:                                                                Date:                                              Time:                        

Cost: \$                                          

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4/25/14
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*PR*  
 PREPARER  
 (8/2013)

4/28/14  
 DATE PREPARED

14031231459