



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Bristol-Myers Squibb Co. Employee PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		36222.76
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	51573.87									
(c) Total Receipts (from Line 19) .....	8957.20	54808.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60531.07	91031.07								
7. Total Disbursements (from Line 31) .....	20550.00	51050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39981.07	39981.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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  
Bristol-Myers Squibb Co. Employee PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	5834.72	34560.21
(i) Itemized (use Schedule A) .....	3122.48	20248.10
(ii) Unitemized .....	8957.20	54808.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	8957.20	54808.31
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) .....	0.00	0.00
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 Transfer (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)) .....	8957.20	54808.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8957.20	54808.31

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	48000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	3050.00	3050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	20550.00	51050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20550.00	51050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	8957.20	54808.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8957.20	54808.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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	

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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Randall K Alzman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800317	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEAD JOHNSON & COMPANY		Occupation SR VP STRATEGIC EXECUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen E Bear		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800378	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SVP HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1181.22	

Full Name (Last, First, Middle Initial) <b>C.</b> Andrew G Bodnar		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800397	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 416.66	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SVP STRAT AND MED & EXTERNAL AFFAIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2083.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	716.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) A. Jeffrey A Bond		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		Transaction ID: A2007-800270
City New York	State NY	Zip Code 10154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation VICE PRESIDENT STATE GOVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Andrew Bonfield		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		Transaction ID: A2007-800495
City New York	State NY	Zip Code 10154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Scott A Brock		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		Transaction ID: A2007-800331
City New York	State NY	Zip Code 10154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.76
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	507.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

**A.** Full Name (Last, First, Middle Initial)  
James R Burke

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
GROUP LEADER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

Transaction ID: A2007-800439

Amount of Each Receipt this Period  
49.00

**B.** Full Name (Last, First, Middle Initial)  
Victoria Carey

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
VP MARKETING PRAVACHOL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

Transaction ID: A2007-800456

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael C Carozza

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
VP FED GOV'T AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2080.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

Transaction ID: A2007-800358

Amount of Each Receipt this Period  
416.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	515.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. John E Celentano</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800349</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 416.66	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation PRESIDENT HEALTH CARE GRO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1751.64	

Full Name (Last, First, Middle Initial) <b>B. Dennis R Cryer, M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800369</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VP MEDICAL LIAISON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Francis M Cuss</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800339</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SR VP DISCOVERY & EXPL CL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	566.66
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

**A.** Full Name (Last, First, Middle Initial)  
Edward M Dwyer

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
VICE PRESIDENT AND TREASU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

**Transaction ID:** A2007-800328

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Elaine M Farinacci

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

**Transaction ID:** A2007-830886

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert D Friedman

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
SENIOR SUPPORT MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.53

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

**Transaction ID:** A2007-800372

Amount of Each Receipt this Period  
50.41

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.41
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

<b>A.</b> Full Name (Last, First, Middle Initial) F M Geraci		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800416	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SR DIRECTOR CORP SECURITY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Karen S Gillespie		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800437	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sharon A Henry		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800391	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VP GLOBAL LEAD CARDIO AND	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Anthony C Hooper		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800494
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 416.00
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Frank Jackson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800291
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 44.71
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.72	

Full Name (Last, First, Middle Initial) <b>C.</b> Floreine R Kahn		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800492
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 47.20
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	507.91
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Ernest E Kully</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800354</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 46.32	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation DIRECTOR TRANSFER PRICING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.15	

Full Name (Last, First, Middle Initial) <b>B. Michael G Levy</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800365</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 87.51	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VP ALLIANCE MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 436.81	

Full Name (Last, First, Middle Initial) <b>C. Micheal Marx</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800493</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation MGR IM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	183.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

**A.** Full Name (Last, First, Middle Initial)  
Thomas P McKenna

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
VICE PRESIDENT BUSINESS P

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
681.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

**Transaction ID:** A2007-800486

Amount of Each Receipt this Period  
139.09

**B.** Full Name (Last, First, Middle Initial)  
Ronald C Miller

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
BRISTOL-MYERS SQUIBB CO.

Occupation  
SR DIR US POLICY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.93

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

**Transaction ID:** A2007-800426

Amount of Each Receipt this Period  
65.69

**C.** Full Name (Last, First, Middle Initial)  
Andrew C Mosier

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer  
MEAD JOHNSON & COMPANY

Occupation  
DIR CONSUMER REL & DATA M

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

**Transaction ID:** A2007-800450

Amount of Each Receipt this Period  
59.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>264.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Susan O'Day</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800489</b>	
City State Zip Code New York NY 10154	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation VP AND CHIEF INFORMATION OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Frank C Pasqualone</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800326</b>	
City State Zip Code New York NY 10154	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation SR VP ONCOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Christopher A Pernie</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800361</b>	
City State Zip Code New York NY 10154	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation MANAGER FEDERAL GOVERNME		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. James R Pooler</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800477</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 62.09	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SR. ENVIRONMENTAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.57	

Full Name (Last, First, Middle Initial) <b>B. John G Ryan</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800376</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SR COUN/DIR-ST GOV & LEG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. David E Smolin</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800396</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VP PRO THERAPEU PROCESS D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	202.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 26
	(check only one)	
<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Mark D Speaker</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800352</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 120.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VP & DEPUTY GENERAL COUN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jonathan K Sprole</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800425</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 460.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation VICE PRESIDENT & DEPUTY GENERAL COU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>C. Richard L Thompson</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID: A2007-800405</b>	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 406.66	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation SVP POLICY & GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2033.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	986.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 26
	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Mark C Trudeau		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800303	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation G&A INT'L. ASIA REG. OFFICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Anne E Tweedt		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800424	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 48.31	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation ASSOC DIR STATE GOVT AFFA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.56	

Full Name (Last, First, Middle Initial) <b>C.</b> Gary A Vancleave		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800449	
City State Zip Code New York NY 10154		Amount of Each Receipt this Period 47.62	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BRISTOL-MYERS SQUIBB CO.		Occupation FIELD DEVELOPMENT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	145.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 26
	<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	

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Michael D Vandevier		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800319
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 65.93
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.87	

Full Name (Last, First, Middle Initial) <b>B.</b> Paul VonAutenried		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800268
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 52.68
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation VP TECHNICAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.39	

Full Name (Last, First, Middle Initial) <b>C.</b> David L Whitehead		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 345 Park Avenue		<b>Transaction ID:</b> A2007-800433
City State Zip Code New York NY 10154	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.82
Name of Employer BRISTOL-MYERS SQUIBB CO.	Occupation ASSOC DIR GOVT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	177.43
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
Bristol-Myers Squibb Co. Employee PAC

**A.** Full Name (Last, First, Middle Initial)  
Douglas A Young

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154

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

Name of Employer Occupation  
BRISTOL-MYERS SQUIBB CO. EXEC DIRECTOR IME AND GRA

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.92

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: A2007-800282

Amount of Each Receipt this Period  
89.85

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5834.72

**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"/> 24	<input type="checkbox"/> 25	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Engel for Congress</b>		Transaction ID: B173026 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 462 California Rd		Amount of Each Disbursement this Period 1000.00
City Bronxville	State NY	
Zip Code 10708		
Purpose of Disbursement P-2008 U.S. House 17 NY		
Candidate Name Eliot L Engel		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 17		

Full Name (Last, First, Middle Initial) <b>B. Friends of Mary Landrieu</b>		Transaction ID: B173027 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 10 G Street NE Suite 470		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement P-2008 U.S. Senate LA		
Candidate Name Mary L Landrieu		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District:		

Full Name (Last, First, Middle Initial) <b>C. Richard Burr Committee</b>		Transaction ID: B173028 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 5928		Amount of Each Disbursement this Period 2000.00
City Winston-Salem	State NC	
Zip Code 27113		
Purpose of Disbursement P-2010 U.S. Senate NC		
Candidate Name Richard Burr		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

PAGE 22 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Team Sununu</b>		Transaction ID: B173029 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 900 19th St. NW 8th Floor		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate NH		
Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pickering for Congress</b>		Transaction ID: B173030 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 228 S. Washington St. Suite B-20		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 03 MS		
Candidate Name Charles W Pickering		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Gregory Meeks</b>		Transaction ID: B173031 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 322 Massachusetts Ave. NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 06 NY		
Candidate Name Gregory W Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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"/> 24	<input type="checkbox"/> 25	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. People for Pete Domenici</b>		Transaction ID: B173032 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 217 Third Street NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate NM		
Candidate Name Pete V Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ellsworth for Congress</b>		Transaction ID: B173033 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 636		Amount of Each Disbursement this Period 1000.00
City Annandale State VA Zip Code 22003	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 8 IN		
Candidate Name Brad Ellsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell for Congress Cmte</b>		Transaction ID: B173034 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 607 Fourteenth Street NW Suite 800		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 15 MI		
Candidate Name John D Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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"/> 24	<input type="checkbox"/> 25	<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)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Reynolds for Congress</b>		Transaction ID: B173035 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 15388		Amount of Each Disbursement this Period 1000.00	
City Rochester State NY Zip Code 14615	Purpose of Disbursement P-2008 U.S. House 26 NY Candidate Name Thomas M Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Nathan Deal for Congress</b>		Transaction ID: B173037 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P O Box 16021		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement P-2008 U.S. House 9 GA Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Adam Smith for Congress</b>		Transaction ID: B173038 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 23626		Amount of Each Disbursement this Period 1000.00	
City Federal Way State WA Zip Code 98093	Purpose of Disbursement P-2008 U.S. House 09 WA Candidate Name Adam Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	17500.00

# 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. DeFrancisco Re-Election Cmte</b>		Transaction ID: B164304 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address P.O. Box 7122 Capitol Station		Amount of Each Disbursement this Period 400.00	
City Albany State NY Zip Code 12224	Purpose of Disbursement P-2008 State Senate 50 NY Candidate Name John A DeFrancisco Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 50	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. People for Magnarelli</b>		Transaction ID: B171421 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 1299		Amount of Each Disbursement this Period 500.00	
City Syracuse State NY Zip Code 13201	Purpose of Disbursement P-2008 State House 120 NY Candidate Name Bill Magnarelli Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Assemblyman Jeffrion L. Aubry</b>		Transaction ID: B172006 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 861 Emmett Street		Amount of Each Disbursement this Period 300.00	
City Schenectady State NY Zip Code 12307	Purpose of Disbursement P-2008 State House 35 NY Candidate Name Jeffrion Aubry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 35	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Bristol-Myers Squibb Co. Employee PAC

Full Name (Last, First, Middle Initial) <b>A. Valesky for Senate</b>		<b>Transaction ID: B172007</b> Date of Disbursement 05 / 30 / 2007	
Mailing Address P.O. Box 624		Amount of Each Disbursement this Period 350.00	
City Manlius State NY Zip Code 13104	Purpose of Disbursement P-2008 State Senate 49 NY	011 Category/ Type	
Candidate Name David Valesky	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 49		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Friends of Joe Scarnati</b>		<b>Transaction ID: B172008</b> Date of Disbursement 05 / 30 / 2007	
Mailing Address P.O. Box 792		Amount of Each Disbursement this Period 1500.00	
City Harrisburg State PA Zip Code 17108	Purpose of Disbursement P-2008 State Senate 25 PA	011 Category/ Type	
Candidate Name Joseph B Scarnati	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 25		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

1850.00

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

3050.00