

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

**Bristol-Myers Squibb Company Employee Political Action Committee**

ADDRESS (number and street)

**345 Park Avenue**

(Check if address is changed)

**New York**

**NY**

**10154**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**daphne.quimi@bms.com;linda.pacotti@bms.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**N/A**

COMMITTEE'S FAX NUMBER

\_\_\_\_

2. DATE

**12** / **12** / **2005**

3. FEC IDENTIFICATION NUMBER

**C C00035675**

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 **Daphne Quimi**

Signature of Treasurer Electronically Filed by **Daphne Quimi**

Date **12** / **14** / **2005**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

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

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**Bristol-Myers Squibb Company**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **345 Park Avenue**  
 \_\_\_\_\_

**New York**  **NY**  **10154** - **0037**  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**Bristol-Myers Squibb Company Employee Political Action Committee**

- 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 Daphne Quimi

Mailing Address 345 Park Avenue

New York NY 10154 - 0037

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 212 - 546 - 4324

- 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 Daphne Quimi

Mailing Address 345 Park Avenue

New York NY 10154 - 0037

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 212 - 546 - 4324

Full Name of Designated Agent Jayne Brand

Mailing Address 345 Park Avenue

New York NY 10154 - 0037

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 212 - 546 - 4134

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.

Bank of New York

Mailing Address

530 5th Avenue

New York

NY

10036

CITY ▲

STATE ▲

ZIP CODE ▲

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name     **Jerry Carmichael**    

Mailing Address                     **211 American Ave.**                    

                    **Greensboro**                                         **NC**                                         **27409** -                      

Title or Position ▼                     **CITY ▲**                                         **STATE ▲**                                         **ZIP CODE ▲**                    

                    **Assistant Treasurer**                                         **336**                                         **547**                                         **3771**                      
Telephone number

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name **Linda A. Pacotti**

Mailing Address **777 Scudders Mill Rd.**

**Plainsboro NJ 08536**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number **609 897 5214**



Image# 27930167073

Form/Schedule: **F1A**

This amended registration is filed to disclose only one email address as per FEC request.

Transaction ID:

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