

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		58762.50
(b) Cash on Hand at Beginning of Reporting Period.....	62620.50	
(c) Total Receipts (from Line 19)	9528.00	22386.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72148.50	81148.50
7. Total Disbursements (from Line 31).....	5800.00	14800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	66348.50	66348.50
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 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

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	8228.00	14453.00
(ii) Unitemized	1300.00	7933.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9528.00	22386.00
(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)	9528.00	22386.00
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 Transfers (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))..... ▶	9528.00	22386.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9528.00	22386.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	2000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	3800.00	3800.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(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)) ..	5800.00	14800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5800.00	14800.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9528.00	22386.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9528.00	22386.00
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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 105
<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

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Shawn Benedetto		Date of Receipt
Mailing Address 3 Doe Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Eliot ME 03903-2052		Transaction ID : 20140127142528-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Health Systems Manager		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. Shawn Benedetto		Date of Receipt
Mailing Address 3 Doe Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code Eliot ME 03903-2052		Transaction ID : 20140127142543-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Health Systems Manager		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. Shawn Benedetto		Date of Receipt
Mailing Address 3 Doe Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Eliot ME 03903-2052		Transaction ID : 2014012714250-38
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Health Systems Manager		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Shawn Benedetto		Date of Receipt
Mailing Address 3 Doe Dr		M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013
City	State	Zip Code
Eliot	ME	03903-2052
FEC ID number of contributing federal political committee. C		Transaction ID : 20140127142513-38
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Health Systems Manager		60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	240.00	

Full Name (Last, First, Middle Initial) B. John Billias		Date of Receipt
Mailing Address 130 Sankernando Lane		M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2013
City	State	Zip Code
East Amherst	NY	14051
FEC ID number of contributing federal political committee. C		Transaction ID : 20140127143843-37
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Health Systems Manager		25.00
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) C. John Billias		Date of Receipt
Mailing Address 130 Sankernando Lane		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013
City	State	Zip Code
East Amherst	NY	14051
FEC ID number of contributing federal political committee. C		Transaction ID : 20140127143913-37
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Health Systems Manager		25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 8 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : 20140127143743-37

Amount of Each Receipt this Period **25.00**

B. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 31 / 2013**

Transaction ID : 20140127143813-37

Amount of Each Receipt this Period **25.00**

C. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 15 / 2013**

Transaction ID : 20140127143943-37

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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: (check only one)	PAGE 9 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 20140127144013-37

Amount of Each Receipt this Period
25.00

B. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : 20140127144043-37

Amount of Each Receipt this Period
25.00

C. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 20140127142558-36

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 10 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. John Billias
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Sankernando Lane
 City East Amherst State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-36
 Amount of Each Receipt this Period
 25.00

B. John Billias
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Sankernando Lane
 City East Amherst State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-36
 Amount of Each Receipt this Period
 25.00

C. John Billias
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Sankernando Lane
 City East Amherst State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-36
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 11 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. John Billias
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Sankernando Lane
 City East Amherst State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-36
 Amount of Each Receipt this Period
 25.00

B. Timothy Bisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Bevin Rd
 City Northport State NY Zip Code 11768-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-13
 Amount of Each Receipt this Period
 25.00

C. Timothy Bisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Bevin Rd
 City Northport State NY Zip Code 11768-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-13
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 12 OF 105
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Timothy Bisson
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
08 / 15 / 2013
Transaction ID : 20140127143743-13

Amount of Each Receipt this Period
25.00

B. Timothy Bisson
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
08 / 31 / 2013
Transaction ID : 20140127143813-13

Amount of Each Receipt this Period
25.00

C. Timothy Bisson
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 15 / 2013
Transaction ID : 20140127143943-13

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 13 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Timothy Bisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Bevin Rd
 City Northport State NY Zip Code 11768-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-13
 Amount of Each Receipt this Period
 25.00

B. Timothy Bisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Bevin Rd
 City Northport State NY Zip Code 11768-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-13
 Amount of Each Receipt this Period
 25.00

C. Timothy Bisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Bevin Rd
 City Northport State NY Zip Code 11768-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-12
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 14 OF 105
	<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	

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Timothy Bisson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : 20140127142528-12
Mailing Address 23 Bevin Rd		Amount of Each Receipt this Period 25.00
City Northport	State NY	
Zip Code 11768-1169		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Regional Account Management	
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. Timothy Bisson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : 20140127142543-12
Mailing Address 23 Bevin Rd		Amount of Each Receipt this Period 25.00
City Northport	State NY	
Zip Code 11768-1169		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Regional Account Management	
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) C. Timothy Bisson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : 2014012714250-12
Mailing Address 23 Bevin Rd		Amount of Each Receipt this Period 25.00
City Northport	State NY	
Zip Code 11768-1169		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Regional Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 15 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Timothy Bisson

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : 20140127142513-12

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Kelly Bodiford

Mailing Address 710 Conesus Ln

City Winter Springs State FL Zip Code 32708-5519

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013
Transaction ID : 20140127143843-41

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Kelly Bodiford

Mailing Address 710 Conesus Ln

City Winter Springs State FL Zip Code 32708-5519

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : 20140127143913-41

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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: (check only one)	PAGE 16 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-41
 Amount of Each Receipt this Period
 25.00

B. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-41
 Amount of Each Receipt this Period
 25.00

C. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-41
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 17 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kelly Bodiford		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : 20140127144013-41
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
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. Kelly Bodiford		Date of Receipt MM / DD / YYYY 10 / 15 / 2013 Transaction ID : 20140127144043-41
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
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) C. Kelly Bodiford		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 Transaction ID : 20140127142558-40
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 18 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Millennium Pharmaceuticals Inc. PAC

A. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-40
 Amount of Each Receipt this Period
 25.00

B. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-40
 Amount of Each Receipt this Period
 25.00

C. Kelly Bodiford
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Conesus Ln
 City Winter Springs State FL Zip Code 32708-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-40
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 19 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kelly Bodiford			Date of Receipt
Mailing Address 710 Conesus Ln			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127142513-40
Winter Springs	FL	32708-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jennifer Boldizar			Date of Receipt
Mailing Address 3618 Swans Landing Dr			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127143843-16
Land O Lakes	FL	34639-4439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jennifer Boldizar			Date of Receipt
Mailing Address 3618 Swans Landing Dr			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127143913-16
Land O Lakes	FL	34639-4439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20140127143743-16
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20140127143813-16
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20140127143943-16
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Jennifer Boldizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 3618 Swans Landing Dr
 City Land O Lakes State FL Zip Code 34639-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-16
 Amount of Each Receipt this Period
 25.00

B. Jennifer Boldizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 3618 Swans Landing Dr
 City Land O Lakes State FL Zip Code 34639-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-16
 Amount of Each Receipt this Period
 25.00

C. Jennifer Boldizar
 Full Name (Last, First, Middle Initial)
 Mailing Address 3618 Swans Landing Dr
 City Land O Lakes State FL Zip Code 34639-4439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-15
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 22 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
Mailing Address 3618 Swans Landing Dr
City Land O Lakes State FL Zip Code 34639-4439
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 15 / 2013
Transaction ID : 20140127142528-15
Amount of Each Receipt this Period 25.00

B. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
Mailing Address 3618 Swans Landing Dr
City Land O Lakes State FL Zip Code 34639-4439
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2013
Transaction ID : 20140127142543-15
Amount of Each Receipt this Period 25.00

C. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
Mailing Address 3618 Swans Landing Dr
City Land O Lakes State FL Zip Code 34639-4439
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2013
Transaction ID : 2014012714250-15
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 23 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Jennifer Boldizar
Full Name (Last, First, Middle Initial)

Mailing Address 3618 Swans Landing Dr

City Land O Lakes State FL Zip Code 34639-4439

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 31 / 2013
Transaction ID : **20140127142513-15**

Amount of Each Receipt this Period
25.00

B. Kevin Carlin
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1860.00**

Date of Receipt
07 / 15 / 2013
Transaction ID : **20140127143843-15**

Amount of Each Receipt this Period
50.00

C. Kevin Carlin
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1860.00**

Date of Receipt
07 / 31 / 2013
Transaction ID : **20140127143913-15**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **125.00**

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: (check only one)	PAGE 24 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1860.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : 20140127143743-15
 Amount of Each Receipt this Period
 50.00

B. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1860.00

Date of Receipt
 08 / 31 / 2013
Transaction ID : 20140127143813-15
 Amount of Each Receipt this Period
 50.00

C. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1860.00

Date of Receipt
 09 / 15 / 2013
Transaction ID : 20140127143943-15
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 25 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 Transaction ID : 20140127144013-15
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sales Director		Aggregate Year-to-Date ▼ 1860.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 Transaction ID : 20140127144043-15
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sales Director		Aggregate Year-to-Date ▼ 1860.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 Transaction ID : 20140127142558-14
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sales Director		Aggregate Year-to-Date ▼ 1860.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 26 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 Transaction ID : 20140127142528-14
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	
Zip Code 27608-2107		Aggregate Year-to-Date ▼ 1860.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : 20140127142543-14
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	
Zip Code 27608-2107		Aggregate Year-to-Date ▼ 1860.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 Transaction ID : 2014012714250-14
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	
Zip Code 27608-2107		Aggregate Year-to-Date ▼ 1860.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 27 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-14
 Amount of Each Receipt this Period
 50.00

B. Patrick Connelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oatsfield Cir
 City Penfield State NY Zip Code 14526-9554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-10
 Amount of Each Receipt this Period
 50.00

C. Patrick Connelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oatsfield Cir
 City Penfield State NY Zip Code 14526-9554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-10
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 28 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : 20140127143743-10

Amount of Each Receipt this Period
50.00

B. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : 20140127143813-10

Amount of Each Receipt this Period
50.00

C. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : 20140127143943-10

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 29 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : 20140127144013-10

Amount of Each Receipt this Period
50.00

B. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : 20140127144043-10

Amount of Each Receipt this Period
50.00

C. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : 20140127142558-10

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 30 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Patrick Connelly

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-10

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Patrick Connelly

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-10

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Patrick Connelly

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-10

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one)	PAGE 31 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Patrick Connelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oatsfield Cir
 City Penfield State NY Zip Code 14526-9554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-10
 Amount of Each Receipt this Period
 50.00

B. Laura De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21150
 City Bedford State TX Zip Code 76095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-13
 Amount of Each Receipt this Period
 10.00

C. Laura De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21150
 City Bedford State TX Zip Code 76095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-13
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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: (check only one)	PAGE 32 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Laura De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21150
 City Bedford State TX Zip Code 76095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 15 / 2013**
Transaction ID : 2014012714250-13
 Amount of Each Receipt this Period **10.00**

B. Laura De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21150
 City Bedford State TX Zip Code 76095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : 20140127142513-13
 Amount of Each Receipt this Period **10.00**

C. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **07 / 15 / 2013**
Transaction ID : 20140127143843-2
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **70.00**
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: (check only one)	PAGE 33 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Sandra DiCesare
Full Name (Last, First, Middle Initial)

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
07 / 31 / 2013
Transaction ID : 20140127143913-2

Amount of Each Receipt this Period
50.00

B. Sandra DiCesare
Full Name (Last, First, Middle Initial)

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
08 / 15 / 2013
Transaction ID : 20140127143743-2

Amount of Each Receipt this Period
50.00

C. Sandra DiCesare
Full Name (Last, First, Middle Initial)

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
08 / 31 / 2013
Transaction ID : 20140127143813-2

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 34 OF 105
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Sandra DiCesare

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2013

Transaction ID : 20140127143943-2

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Sandra DiCesare

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : 20140127144013-2

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Sandra DiCesare

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2013

Transaction ID : 20140127144043-2

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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: (check only one)	PAGE 35 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-2
 Amount of Each Receipt this Period
 50.00

B. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-2
 Amount of Each Receipt this Period
 50.00

C. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-2
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 36 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-2
 Amount of Each Receipt this Period
 50.00

B. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 01886-4522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-2
 Amount of Each Receipt this Period
 50.00

C. Eleda Espinoza
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Meadowview Dr
 City Phillipsburg State NJ Zip Code 08865-7303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-11
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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: (check only one)	PAGE 37 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Eleda Espinoza
Full Name (Last, First, Middle Initial)
Mailing Address 21 Meadowview Dr
City Phillipsburg State NJ Zip Code 08865-7303
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2013
Transaction ID : 20140127142543-11
Amount of Each Receipt this Period
10.00

B. Eleda Espinoza
Full Name (Last, First, Middle Initial)
Mailing Address 21 Meadowview Dr
City Phillipsburg State NJ Zip Code 08865-7303
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 15 / 2013
Transaction ID : 2014012714250-11
Amount of Each Receipt this Period
10.00

C. Eleda Espinoza
Full Name (Last, First, Middle Initial)
Mailing Address 21 Meadowview Dr
City Phillipsburg State NJ Zip Code 08865-7303
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013
Transaction ID : 20140127142513-11
Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 38 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-36
 Amount of Each Receipt this Period
 50.00

B. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-36
 Amount of Each Receipt this Period
 50.00

C. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-36
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 39 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. William Hamarich
Full Name (Last, First, Middle Initial)
Mailing Address 28 Ambassador Way
City Jackson State NJ Zip Code 08527-2881
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
08 / 31 / 2013
Transaction ID : 20140127143813-36
Amount of Each Receipt this Period
50.00

B. William Hamarich
Full Name (Last, First, Middle Initial)
Mailing Address 28 Ambassador Way
City Jackson State NJ Zip Code 08527-2881
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
09 / 15 / 2013
Transaction ID : 20140127143943-36
Amount of Each Receipt this Period
50.00

C. William Hamarich
Full Name (Last, First, Middle Initial)
Mailing Address 28 Ambassador Way
City Jackson State NJ Zip Code 08527-2881
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
09 / 30 / 2013
Transaction ID : 20140127144013-36
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 40 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-36
 Amount of Each Receipt this Period
 50.00

B. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-35
 Amount of Each Receipt this Period
 50.00

C. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-35
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 41 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-35
 Amount of Each Receipt this Period
50.00

B. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-35
 Amount of Each Receipt this Period
50.00

C. William Hamarich
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Ambassador Way
 City Jackson State NJ Zip Code 08527-2881
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-35
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 42 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-26
 Amount of Each Receipt this Period
 20.00

B. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-26
 Amount of Each Receipt this Period
 20.00

C. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-26
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: (check only one)	PAGE 43 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. James Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-26

Amount of Each Receipt this Period
 20.00

B. James Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-26

Amount of Each Receipt this Period
 20.00

C. James Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-26

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 44 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-26
 Amount of Each Receipt this Period
 20.00

B. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-25
 Amount of Each Receipt this Period
 20.00

C. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-25
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: (check only one)	PAGE 45 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. James Holmes		Date of Receipt
Mailing Address 4 Avalon Way		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Altamont	State NY	Zip Code 12009-3720
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140127142543-25
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Manager, Sales Training		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="480.00"/>		

Full Name (Last, First, Middle Initial) B. James Holmes		Date of Receipt
Mailing Address 4 Avalon Way		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Altamont	State NY	Zip Code 12009-3720
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2014012714250-25
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Manager, Sales Training		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="480.00"/>		

Full Name (Last, First, Middle Initial) C. James Holmes		Date of Receipt
Mailing Address 4 Avalon Way		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Altamont	State NY	Zip Code 12009-3720
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20140127142513-25
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Manager, Sales Training		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="480.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Millennium Pharmaceuticals Inc. PAC

A. Joyce Kinsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1691 Baltimore Annapolis Blvd
 City State Zip Code
 Arnold MD 21012-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-39
 Amount of Each Receipt this Period
 10.00

B. Joyce Kinsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1691 Baltimore Annapolis Blvd
 City State Zip Code
 Arnold MD 21012-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-39
 Amount of Each Receipt this Period
 10.00

C. Joyce Kinsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1691 Baltimore Annapolis Blvd
 City State Zip Code
 Arnold MD 21012-2543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-39
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
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: (check only one)	PAGE 47 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Joyce Kinsey
Full Name (Last, First, Middle Initial)

Mailing Address 1691 Baltimore Annapolis Blvd

City Arnold	State MD	Zip Code 21012-2543
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 20140127142513-39

Amount of Each Receipt this Period
10.00

B. Elizabeth Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 32 Cressbrook Rd

City Concord	State MA	Zip Code 01742-5304
-----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 20140127143843-3

Amount of Each Receipt this Period
50.00

C. Elizabeth Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 32 Cressbrook Rd

City Concord	State MA	Zip Code 01742-5304
-----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 20140127143913-3

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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: (check only one)	PAGE 48 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Elizabeth Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 32 Cressbrook Rd

City Concord	State MA	Zip Code 01742-5304
-----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : 20140127143743-3

Amount of Each Receipt this Period
50.00

B. Elizabeth Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 32 Cressbrook Rd

City Concord	State MA	Zip Code 01742-5304
-----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : 20140127143813-3

Amount of Each Receipt this Period
50.00

C. Elizabeth Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 32 Cressbrook Rd

City Concord	State MA	Zip Code 01742-5304
-----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : 20140127143943-3

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 49 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : 20140127144013-3
 Amount of Each Receipt this Period **50.00**

B. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **10 / 15 / 2013**
Transaction ID : 20140127144043-3
 Amount of Each Receipt this Period **50.00**

C. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **10 / 31 / 2013**
Transaction ID : 20140127142558-3
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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: (check only one)	PAGE 50 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 11 / 15 / 2013
Transaction ID : 20140127142528-3
 Amount of Each Receipt this Period
50.00

B. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 11 / 30 / 2013
Transaction ID : 20140127142543-3
 Amount of Each Receipt this Period
50.00

C. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Cressbrook Rd
 City Concord State MA Zip Code 01742-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 12 / 15 / 2013
Transaction ID : 2014012714250-3
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**
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: (check only one)	PAGE 51 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Elizabeth Lewis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : 20140127142513-3
Mailing Address 32 Cressbrook Rd		Amount of Each Receipt this Period 80.00
City Concord	State MA	Zip Code 01742-5304
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Sabina McCafferty		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013 Transaction ID : 20140127143913-28
Mailing Address 2639 Pointewood Loop		Amount of Each Receipt this Period 15.00
City Galena	State OH	Zip Code 43021-8577
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Sabina McCafferty		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2013 Transaction ID : 20140127143743-28
Mailing Address 2639 Pointewood Loop		Amount of Each Receipt this Period 15.00
City Galena	State OH	Zip Code 43021-8577
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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: (check only one)	PAGE 52 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : 20140127143813-28

Amount of Each Receipt this Period

15.00

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : 20140127143943-28

Amount of Each Receipt this Period

15.00

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : 20140127144013-28

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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: (check only one)	PAGE 53 OF 105
<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)
Millennium Pharmaceuticals Inc. PAC

A. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : 20140127144043-28

Amount of Each Receipt this Period

15.00

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : 20140127142558-27

Amount of Each Receipt this Period

15.00

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : 20140127142528-27

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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: (check only one)	PAGE 54 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Sabina McCafferty
Full Name (Last, First, Middle Initial)

Mailing Address 2639 Pointewood Loop

City Galena State OH Zip Code 43021-8577

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : 20140127142543-27

Amount of Each Receipt this Period **15.00**

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)

Mailing Address 2639 Pointewood Loop

City Galena State OH Zip Code 43021-8577

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 15 / 2013**
Transaction ID : 2014012714250-27

Amount of Each Receipt this Period **15.00**

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)

Mailing Address 2639 Pointewood Loop

City Galena State OH Zip Code 43021-8577

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : 20140127142513-27

Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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: (check only one)	PAGE 55 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-34
 Amount of Each Receipt this Period
 25.00

B. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-34
 Amount of Each Receipt this Period
 25.00

C. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-34
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 56 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-34
 Amount of Each Receipt this Period
 25.00

B. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-34
 Amount of Each Receipt this Period
 25.00

C. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-34
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 57 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Isabelle Mercier
Full Name (Last, First, Middle Initial)

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
-------------------	-------------	-------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : 20140127144043-34

Amount of Each Receipt this Period

25.00

B. Isabelle Mercier
Full Name (Last, First, Middle Initial)

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
-------------------	-------------	-------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : 20140127142558-33

Amount of Each Receipt this Period

25.00

C. Isabelle Mercier
Full Name (Last, First, Middle Initial)

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
-------------------	-------------	-------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : 20140127142528-33

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 58 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 11 / 30 / 2013
Transaction ID : 20140127142543-33
 Amount of Each Receipt this Period
 25.00

B. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 12 / 15 / 2013
Transaction ID : 2014012714250-33
 Amount of Each Receipt this Period
 25.00

C. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 12 / 31 / 2013
Transaction ID : 20140127142513-33
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 59 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo	State MN	Zip Code 55042-9523
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 20140127143843-38

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo	State MN	Zip Code 55042-9523
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 20140127143913-38

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo	State MN	Zip Code 55042-9523
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 20140127143743-38

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 60 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Amy Modean
Full Name (Last, First, Middle Initial)

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 31 / 2013
Transaction ID : 20140127143813-38

Amount of Each Receipt this Period
 25.00

B. Amy Modean
Full Name (Last, First, Middle Initial)

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 15 / 2013
Transaction ID : 20140127143943-38

Amount of Each Receipt this Period
 25.00

C. Amy Modean
Full Name (Last, First, Middle Initial)

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : 20140127144013-38

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 61 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-38

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-37

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-37

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 62 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Amy Modean
 Full Name (Last, First, Middle Initial)
 Mailing Address 8312 Deer Pond Trl N
 City Lake Elmo State MN Zip Code 55042-9523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 30 / 2013**
Transaction ID : 20140127142543-37
 Amount of Each Receipt this Period **25.00**

B. Amy Modean
 Full Name (Last, First, Middle Initial)
 Mailing Address 8312 Deer Pond Trl N
 City Lake Elmo State MN Zip Code 55042-9523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 15 / 2013**
Transaction ID : 2014012714250-37
 Amount of Each Receipt this Period **25.00**

C. Amy Modean
 Full Name (Last, First, Middle Initial)
 Mailing Address 8312 Deer Pond Trl N
 City Lake Elmo State MN Zip Code 55042-9523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2013**
Transaction ID : 20140127142513-37
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 63 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Karen Odierna		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : 20140127142528-7
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	
Zip Code 34238-6210		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Karen Odierna		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : 20140127142543-7
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	
Zip Code 34238-6210		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Karen Odierna		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : 2014012714250-7
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	
Zip Code 34238-6210		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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: (check only one)	PAGE 64 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Karen Odierna
 Full Name (Last, First, Middle Initial)
 Mailing Address 5586 Modena Pl
 City Sarasota State FL Zip Code 34238-6210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-7
 Amount of Each Receipt this Period
 10.00

B. Marc Peart
 Full Name (Last, First, Middle Initial)
 Mailing Address 17945 Stillmore St
 City Canyon Country State CA Zip Code 91387-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-29
 Amount of Each Receipt this Period
 10.00

C. Marc Peart
 Full Name (Last, First, Middle Initial)
 Mailing Address 17945 Stillmore St
 City Canyon Country State CA Zip Code 91387-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-29
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....	30.00
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: (check only one)	PAGE 65 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Marc Peart		Date of Receipt 12 / 15 / 2013 Transaction ID : 2014012714250-29
Mailing Address 17945 Stillmore St		Amount of Each Receipt this Period 10.00
City Canyon Country	State Zip Code CA 91387-3516	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marc Peart		Date of Receipt 12 / 31 / 2013 Transaction ID : 20140127142513-29
Mailing Address 17945 Stillmore St		Amount of Each Receipt this Period 10.00
City Canyon Country	State Zip Code CA 91387-3516	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kim Pierwoka		Date of Receipt 07 / 15 / 2013 Transaction ID : 20140127143843-33
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State Zip Code CT 06615-7008	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 600.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	45.00
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 66 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Kim Pierwoka
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Harbour View Pl
 City Stratford State CT Zip Code 06615-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-33
 Amount of Each Receipt this Period
 25.00

B. Kim Pierwoka
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Harbour View Pl
 City Stratford State CT Zip Code 06615-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-33
 Amount of Each Receipt this Period
 25.00

C. Kim Pierwoka
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Harbour View Pl
 City Stratford State CT Zip Code 06615-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-33
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 67 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kim Pierwoka		Date of Receipt 09 / 15 / 2013 Transaction ID : 20140127143943-33
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Kim Pierwoka		Date of Receipt 09 / 30 / 2013 Transaction ID : 20140127144013-33
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Kim Pierwoka		Date of Receipt 10 / 15 / 2013 Transaction ID : 20140127144043-33
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Aggregate Year-to-Date ▼ 600.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 68 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Kim Pierwoka		Date of Receipt 10 / 31 / 2013 Transaction ID : 20140127142558-32
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Amount of Each Receipt this Period 25.00
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. Kim Pierwoka		Date of Receipt 11 / 15 / 2013 Transaction ID : 20140127142528-32
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Amount of Each Receipt this Period 25.00
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) C. Kim Pierwoka		Date of Receipt 11 / 30 / 2013 Transaction ID : 20140127142543-32
Mailing Address 46 Harbour View Pl		Amount of Each Receipt this Period 25.00
City Stratford	State CT	
Zip Code 06615-7008		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 69 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Kim Pierwoka
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Harbour View Pl
 City Stratford State CT Zip Code 06615-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-32
 Amount of Each Receipt this Period
 25.00

B. Kim Pierwoka
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Harbour View Pl
 City Stratford State CT Zip Code 06615-7008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-32
 Amount of Each Receipt this Period
 25.00

C. Joe Regan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Legion Rd
 City Weston State MA Zip Code 02493-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-23
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: (check only one)	PAGE 70 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-23

Amount of Each Receipt this Period
 50.00

B. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-23

Amount of Each Receipt this Period
 50.00

C. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-23

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 71 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-23

Amount of Each Receipt this Period
 50.00

B. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-23

Amount of Each Receipt this Period
 50.00

C. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-23

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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: (check only one)	PAGE 72 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Joe Regan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : 20140127142558-22
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joe Regan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : 20140127142528-22
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joe Regan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : 20140127142543-22
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 73 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-22

Amount of Each Receipt this Period
 50.00

B. Joe Regan
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-22

Amount of Each Receipt this Period
 50.00

C. Sara Riedel
Full Name (Last, First, Middle Initial)

Mailing Address 22370 Cypress Wood Ln

City Boca Raton State FL Zip Code 33428-3845

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013
Transaction ID : 20140127143843-22

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 74 OF 105 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Sara Riedel	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013 Transaction ID : 20140127143913-22
Mailing Address 22370 Cypress Wood Ln	Amount of Each Receipt this Period 20.00
City State Zip Code Boca Raton FL 33428-3845	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sara Riedel	Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2013 Transaction ID : 20140127143743-22
Mailing Address 22370 Cypress Wood Ln	Amount of Each Receipt this Period 20.00
City State Zip Code Boca Raton FL 33428-3845	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Sara Riedel	Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2013 Transaction ID : 20140127143813-22
Mailing Address 22370 Cypress Wood Ln	Amount of Each Receipt this Period 20.00
City State Zip Code Boca Raton FL 33428-3845	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)..... ▶	60.00
TOTAL This Period (last page this line number only)..... ▶	20.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-22
 Amount of Each Receipt this Period
 20.00

B. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-22
 Amount of Each Receipt this Period
 20.00

C. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-22
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 76 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-21
 Amount of Each Receipt this Period
 20.00

B. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142558-21
 Amount of Each Receipt this Period
 20.00

C. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : 20140127142543-21
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: (check only one)	PAGE 77 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-21
 Amount of Each Receipt this Period
 20.00

B. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 12676BF3E591434E9718
 Amount of Each Receipt this Period
 20.00

C. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-21
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 78 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013
Transaction ID : 20140127143843-35

Amount of Each Receipt this Period
25.00

B. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : 20140127143913-35

Amount of Each Receipt this Period
25.00

C. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013
Transaction ID : 20140127143743-35

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 79 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-35

Amount of Each Receipt this Period
 25.00

B. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-35

Amount of Each Receipt this Period
 25.00

C. Thomas Rotte
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-35

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 80 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Thomas Rotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Promenade Ln
 City State Zip Code
 Sylvania OH 43560-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-35
 Amount of Each Receipt this Period
 25.00

B. Thomas Rotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Promenade Ln
 City State Zip Code
 Sylvania OH 43560-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-34
 Amount of Each Receipt this Period
 25.00

C. Thomas Rotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 4530 Promenade Ln
 City State Zip Code
 Sylvania OH 43560-2984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-34
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 81 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
Transaction ID : 20140127142543-34

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
Transaction ID : 2014012714250-34

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
Transaction ID : 20140127142513-34

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 82 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Robert Slomka

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2013

Transaction ID : 20140127143843-25

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Robert Slomka

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013

Transaction ID : 20140127143913-25

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Robert Slomka

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : 20140127143743-25

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 83 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Robert Slomka		Date of Receipt 08 / 31 / 2013 Transaction ID : 20140127143813-25
Mailing Address 206 Forest Knoll Ct		Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Regional Sales Manager	
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. Robert Slomka		Date of Receipt 09 / 15 / 2013 Transaction ID : 20140127143943-25
Mailing Address 206 Forest Knoll Ct		Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Regional Sales Manager	
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) C. Robert Slomka		Date of Receipt 09 / 30 / 2013 Transaction ID : 20140127144013-25
Mailing Address 206 Forest Knoll Ct		Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Regional Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 84 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Millennium Pharmaceuticals Inc. PAC

A. Robert Slomka
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Forest Knoll Ct
 City Fishers State IN Zip Code 46037-9753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-25
 Amount of Each Receipt this Period
 25.00

B. Robert Slomka
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Forest Knoll Ct
 City Fishers State IN Zip Code 46037-9753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 20140127142558-24
 Amount of Each Receipt this Period
 25.00

C. Robert Slomka
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Forest Knoll Ct
 City Fishers State IN Zip Code 46037-9753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : 20140127142528-24
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 85 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Robert Slomka		Date of Receipt
Mailing Address 206 Forest Knoll Ct		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46037-9753		Transaction ID : 20140127142543-24
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Robert Slomka		Date of Receipt
Mailing Address 206 Forest Knoll Ct		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46037-9753		Transaction ID : 2014012714250-24
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Robert Slomka		Date of Receipt
Mailing Address 206 Forest Knoll Ct		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Fishers State IN Zip Code 46037-9753		Transaction ID : 20140127142513-24
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Mary Wadlinger
Full Name (Last, First, Middle Initial)

Mailing Address 19 Holly Ridge Rd

City	State	Zip Code
North Andover	MA	01845-4732

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

Name of Employer	Occupation
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : 20140127143913-4

Amount of Each Receipt this Period

15.00

B. Mary Wadlinger
Full Name (Last, First, Middle Initial)

Mailing Address 19 Holly Ridge Rd

City	State	Zip Code
North Andover	MA	01845-4732

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

Name of Employer	Occupation
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : 20140127143743-4

Amount of Each Receipt this Period

15.00

C. Mary Wadlinger
Full Name (Last, First, Middle Initial)

Mailing Address 19 Holly Ridge Rd

City	State	Zip Code
North Andover	MA	01845-4732

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

Name of Employer	Occupation
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : 20140127143813-4

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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: (check only one)	PAGE 87 OF 105
<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

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Mary Wadlinger		Date of Receipt
Mailing Address 19 Holly Ridge Rd		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code North Andover MA 01845-4732		Transaction ID : 20140127143943-4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) B. Mary Wadlinger		Date of Receipt
Mailing Address 19 Holly Ridge Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code North Andover MA 01845-4732		Transaction ID : 20140127144013-4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) C. Mary Wadlinger		Date of Receipt
Mailing Address 19 Holly Ridge Rd		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code North Andover MA 01845-4732		Transaction ID : 20140127144043-4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Mary Wadlinger
Full Name (Last, First, Middle Initial)
Mailing Address 19 Holly Ridge Rd

City North Andover	State MA	Zip Code 01845-4732
-----------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : 20140127142558-4

Amount of Each Receipt this Period

15.00

B. Mary Wadlinger
Full Name (Last, First, Middle Initial)
Mailing Address 19 Holly Ridge Rd

City North Andover	State MA	Zip Code 01845-4732
-----------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : 20140127142528-4

Amount of Each Receipt this Period

15.00

C. Mary Wadlinger
Full Name (Last, First, Middle Initial)
Mailing Address 19 Holly Ridge Rd

City North Andover	State MA	Zip Code 01845-4732
-----------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Dir., Human Resources
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : 20140127142543-4

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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: (check only one)	PAGE 89 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Mary Wadlinger			Date of Receipt
Mailing Address 19 Holly Ridge Rd			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 2014012714250-4
North Andover	MA	01845-4732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="15.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mary Wadlinger			Date of Receipt
Mailing Address 19 Holly Ridge Rd			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127142513-4
North Andover	MA	01845-4732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="15.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Jim Weber			Date of Receipt
Mailing Address 2913 Q Ave			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127143843-8
Parnell	IA	52325-8842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Millennium Pharmaceuticals Inc. PAC

A. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 20140127143913-8
 Amount of Each Receipt this Period
 25.00

B. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : 20140127143743-8
 Amount of Each Receipt this Period
 25.00

C. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : 20140127143813-8
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 91 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 20140127143943-8
 Amount of Each Receipt this Period
 25.00

B. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : 20140127144013-8
 Amount of Each Receipt this Period
 25.00

C. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : 20140127144043-8
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 92 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Jim Weber
Full Name (Last, First, Middle Initial)
Mailing Address 2913 Q Ave
City Parnell State IA Zip Code 52325-8842
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2013
Transaction ID : 20140127142558-8
Amount of Each Receipt this Period
25.00

B. Jim Weber
Full Name (Last, First, Middle Initial)
Mailing Address 2913 Q Ave
City Parnell State IA Zip Code 52325-8842
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 15 / 2013
Transaction ID : 20140127142528-8
Amount of Each Receipt this Period
25.00

C. Jim Weber
Full Name (Last, First, Middle Initial)
Mailing Address 2913 Q Ave
City Parnell State IA Zip Code 52325-8842
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2013
Transaction ID : 20140127142543-8
Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 93 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-8
 Amount of Each Receipt this Period
 25.00

B. Jim Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 20140127142513-8
 Amount of Each Receipt this Period
 25.00

C. Brenda Whan
 Full Name (Last, First, Middle Initial)
 Mailing Address 15026 Super Star Dr
 City Carmel State IN Zip Code 46032-5089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2014012714250-5
 Amount of Each Receipt this Period
 9.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 59.00
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: (check only one)	PAGE 94 OF 105
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	<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)
Millennium Pharmaceuticals Inc. PAC

A. Brenda Whan
Full Name (Last, First, Middle Initial)

Mailing Address 15026 Super Star Dr

City Carmel State IN Zip Code 46032-5089

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt
12 / 31 / 2013
Transaction ID : 20140127142513-5

Amount of Each Receipt this Period
9.00

B. Brent Wingerson
Full Name (Last, First, Middle Initial)

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059-3714

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
07 / 15 / 2013
Transaction ID : 20140127143843-19

Amount of Each Receipt this Period
25.00

C. Brent Wingerson
Full Name (Last, First, Middle Initial)

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059-3714

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
07 / 31 / 2013
Transaction ID : 20140127143913-19

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	59.00
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: (check only one)	PAGE 95 OF 105
	<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)
Millennium Pharmaceuticals Inc. PAC

A. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : 20140127143743-19

Amount of Each Receipt this Period
25.00

B. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : 20140127143813-19

Amount of Each Receipt this Period
25.00

C. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : 20140127143943-19

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	75.00
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 96 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
 09 / 30 / 2013
Transaction ID : 20140127144013-19

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
 10 / 15 / 2013
Transaction ID : 20140127144043-19

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 / /
 10 / 31 / 2013
Transaction ID : 20140127142558-18

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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: (check only one)	PAGE 97 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 20140127142528-18

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : 20140127142543-18

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Brent Wingerson

Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : 2014012714250-18

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 98 OF 105
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial) A. Brent Wingerson			Date of Receipt
Mailing Address 5311 NE 24th Ct			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127142513-18
Newcastle	WA	98059-3714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Zdrojewski			Date of Receipt
Mailing Address 57 Christian Way			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127143843-29
North Andover	MA	01845-2233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Director, Sales Strategy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Zdrojewski			Date of Receipt
Mailing Address 57 Christian Way			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 20140127143913-29
North Andover	MA	01845-2233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Director, Sales Strategy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2013
Transaction ID : 20140127143743-29
 Amount of Each Receipt this Period 20.00

B. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2013
Transaction ID : 20140127143813-29
 Amount of Each Receipt this Period 20.00

C. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2013
Transaction ID : 20140127143943-29
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 100 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2013
Transaction ID : 20140127144013-29
 Amount of Each Receipt this Period 20.00

B. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2013
Transaction ID : 20140127144043-29
 Amount of Each Receipt this Period 20.00

C. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 01845-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2013
Transaction ID : 20140127142558-28
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 101 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)
A. Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
11 / 15 / 2013

Transaction ID : 20140127142528-28

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
11 / 30 / 2013

Transaction ID : 20140127142543-28

Amount of Each Receipt this Period
20.00

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

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 15 / 2013

Transaction ID : 2014012714250-28

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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 102 OF 105
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Millennium Pharmaceuticals Inc. PAC

A. Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address **57 Christian Way**

City **North Andover** State **MA** Zip Code **01845-2233**

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

Name of Employer **Millennium Pharmaceuticals Inc.** Occupation **Director, Sales Strategy**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : 20140127142513-28

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	8228.00

**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)

<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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gingrey for Senate Inc

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
2014 Primary

011

Candidate Name
Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : 2D3E6198A320183BBAC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Orrinpac

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2013 Contribution

011

Candidate Name
Orrinpac

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2013

Transaction ID : 7BF08EEEB04BC499CD2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

2000.00

**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)

<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

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)
Millennium Pharmaceuticals Inc. PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Butch Parrish

Mailing Address 224 W. Main Street

City Swainsboro State GA Zip Code 30401

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2013

Transaction ID : E99447BB3862032A5DC

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jay Inslee for Washington

Mailing Address PO Box 21067

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 0A36D4242CB2E206D74

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Jack Hill for Senate

Mailing Address PO Box 486

City Reidsville State GA Zip Code 30453

Purpose of Disbursement
Nonfederal Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2013

Transaction ID : 08C1CB8198DD3103096

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

2800.00

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