

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

ADDRESS (number and street) 801 Pennsylvania Ave. NW Suite 325 Washington DC 20004

2. FEC IDENTIFICATION NUMBER C C00035675 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) [X], May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 01 / 01 / 2013 through 01 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer David Levi

Signature of Treasurer David Levi [Electronically Filed] Date 02 / 15 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

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"/> | | 82237.10 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 82237.10 | |
| (c) Total Receipts (from Line 19) | 7701.94 | 7701.94 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 89939.04 | 89939.04 |
| 7. Total Disbursements (from Line 31)..... | 162.41 | 162.41 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 89776.63 | 89776.63 |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 01 / 31 / 2013

| 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)..... | 1786.00 | 1786.00 |
| (ii) Unitemized | 5915.94 | 5915.94 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 7701.94 | 7701.94 |
| (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) | 7701.94 | 7701.94 |
| 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))..... ▶ | 7701.94 | 7701.94 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 7701.94 | 7701.94 |

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 | 162.41 | 162.41 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 162.41 | 162.41 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 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 | 0.00 | 0.00 |
| 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)) .. | 162.41 | 162.41 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 162.41 | 162.41 |

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) | 7701.94 | 7701.94 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7701.94 | 7701.94 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 162.41 | 162.41 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 162.41 | 162.41 |

**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 8 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

A. Karen S Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

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

Name of Employer BRISTOL-MYERS SQUIBB CO. Occupation ASSOC DIR GOVT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
01 / 31 / 2013
Transaction ID : A2013-124626

Amount of Each Receipt this Period
240.00

B. Murdo Gordon
Full Name (Last, First, Middle Initial)

Mailing Address 345 PARK AVE.

City NEW YORK State NY Zip Code 10154

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

Name of Employer BRISTOL-MYERS SQUIBB CO. Occupation SVP ACCESS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.00

Date of Receipt
01 / 31 / 2013
Transaction ID : A2013-124674

Amount of Each Receipt this Period
416.00

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

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

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

Name of Employer BRISTOL-MYERS SQUIBB CO. Occupation SR VICE PRESIDENT & GENER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
01 / 31 / 2013
Transaction ID : A2013-124618

Amount of Each Receipt this Period
410.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1066.00

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 7 OF 8 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Christopher A Pernie | | Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : A2013-124596 |
| Mailing Address 345 Park Avenue | | Amount of Each Receipt this Period 210.00 |
| City New York | State NY | Zip Code 10154 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BRISTOL-MYERS SQUIBB CO. | Occupation DIRECTOR FEDERAL GOVERNMENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Raymond Sacchetti | | Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : A2013-124685 |
| Mailing Address 345 PARK AVE. | | Amount of Each Receipt this Period 260.00 |
| City NEW YORK | State NY | Zip Code 10154 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BRISTOL-MYERS SQUIBB CO. | Occupation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 260.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Kevin Trapp | | Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : A2013-124682 |
| Mailing Address 345 Park Avenue | | Amount of Each Receipt this Period 250.00 |
| City New York | State NY | Zip Code 10154 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BRISTOL-MYERS SQUIBB CO. | Occupation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 720.00 |
| TOTAL This Period (last page this line number only).....▶ | 1786.00 |

**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 |

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NAME OF COMMITTEE (In Full)

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

Full Name (Last, First, Middle Initial)

A. Committee to Elect Republican Women

Mailing Address P.O. Box 26201

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Non-Federal PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2013

Transaction ID : B446882

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Republican Women

Mailing Address PO Box 26201

City Raleigh State NC Zip Code 27611

Purpose of Disbursement
Non-Federal PAC

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : B427129

Amount of Each Disbursement this Period

-250.00

Voided: Original check dated 06/13/2012

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

0.00