

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Cephalon, Inc. Employees' Political Action Committee

ADDRESS (number and street) 41 Moores Road Check if different than previously reported. (ACC) Frazer PA 19355

2. FEC IDENTIFICATION NUMBER C00378794 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 Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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 Robert W. Grupp Signature of Treasurer Electronically Filed by Robert W. Grupp Date 01 17 2007

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**

Write or Type Committee Name
Cephalon, Inc. Employees' Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		34577.95
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	50783.95									
(c) Total Receipts (from Line 19)	6232.00	51188.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57015.95	85765.95								
7. Total Disbursements (from Line 31)	0.00	28750.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57015.95	57015.95								
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
Cephalon, Inc. Employees' Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	5570.00	36535.00
(i) Itemized (use Schedule A)	662.00	14653.00
(ii) Unitemized	6232.00	51188.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	6232.00	51188.00
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6232.00	51188.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6232.00	51188.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	23000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	5750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	28750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	28750.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6232.00	51188.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6232.00	51188.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. KATHLEEN VESTAL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8159 LARKIN LANE		Transaction ID: PR115052709458
City State Zip Code VIENNA VA 22182	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist	
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. MARK G MACRIDES		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7145 SHADY HOLLOW RD N.W.		Transaction ID: PR115052719458
City State Zip Code CANTON, OH 44718	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist	
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) C. JOHN E. BUSHMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2113 E 13TH ST		Transaction ID: PR115052739458
City State Zip Code DAVENPORT, IA 52803	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 90.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
TIMOTHY G SWEENEY

Mailing Address 6 RIVERBEND ROAD

City State Zip Code
OCEANPORT, NJ 07757

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

Name of Employer Occupation
Cephalon, Inc. Area Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115052749458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
CORNELIUS GRIGGS

Mailing Address 2645 GOLF ISLAND RD

City State Zip Code
ELLICOTT CITY, MD 21042

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

Name of Employer Occupation
Cephalon, Inc. Area Sales Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115052759458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
MICHAEL L PEARCE

Mailing Address 1643 WHISPERING HOLLOW COURT

City State Zip Code
WILDWOOD, MO 63038

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

Name of Employer Occupation
Cephalon, Inc. Territory Sales Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 212.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115052769458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
THOMAS CLARK

Mailing Address 1409 ANDOVER CT

City State Zip Code
EVANS, GA 30809

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

Name of Employer Occupation
Cephalon, Inc. Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115052819458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
JOHN T KEYSER

Mailing Address 17202 EMERALD CHASE DR

City State Zip Code
TAMPA, FL 33647

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

Name of Employer Occupation
Cephalon, Inc. Area 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

Transaction ID: PR115052829458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
LESLIE B WEBSTER

Mailing Address 2234 BRYTON DRIVE

City State Zip Code
POWELL, OH 43065

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

Name of Employer Occupation
Cephalon, Inc. Territory 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

Transaction ID: PR115052869458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. CHRIS L. BROWN		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14610 CASTLEFORD CT		Transaction ID: PR115052889458	
City MILOTHIAN, State VA Zip Code 23113	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly) _____		
Name of Employer Cephalon, Inc. Occupation Area Manager	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DAVID Z. SCHATZ		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 723 SOUTH 186TH ST		Transaction ID: PR115052919458	
City ELKHORN, State NE Zip Code 68022	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly) _____		
Name of Employer Cephalon, Inc. Occupation Territory Sales Specialist	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ROBERT M. YOUNGBLOOD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5120 ROLLING FAIRWAY DRIVE		Transaction ID: PR115052939458	
City VALRICO, State FL Zip Code 33594	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Semi-Monthly) _____		
Name of Employer Cephalon, Inc. Occupation National Account Manager	Aggregate Year-to-Date ▼ _____ 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 105.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 29
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. STEPHEN M. GUIDRY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3421 DELAMERE DRIVE		Transaction ID: PR115053109458
City State Zip Code MATTHEWS, NC 28104	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Market Development Manager	
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. WILLIAM A CUNNINGHAM		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12 CITRUS		Transaction ID: PR115053129458
City State Zip Code LADERA RANCH, CA 92694	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Director Managed Care	
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) C. DAVID A. SHIMOKAWA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1420 W. BELLE PLAINE AVENUE #3W		Transaction ID: PR115053159458
City State Zip Code CHICAGO, IL 60613	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Cephalon, Inc.	Occupation Regional Director	
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) ▶	_____ 135.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. JOSEPH H. DATIN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5113 CRESCENT COVE L		Transaction ID: PR115053179458
City MABLETON, State GA Zip Code 30126	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)	
Name of Employer Cephalon, Inc. Occupation Sr. Director	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ROY T CRAIG		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1157 SCOBEE DRIVE		Transaction ID: PR115053209458
City LANSDALE, State PA Zip Code 19446	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)	
Name of Employer Cephalon, Inc. Occupation Vice President	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CHARLES A. REINHART III		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1271 CHARLESTON ROAD		Transaction ID: PR115053219458
City CHERRY HILL, State NJ Zip Code 08034	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)	
Name of Employer Cephalon, Inc. Occupation Vice President	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 29
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
ROBERT S MERRITT

Mailing Address 319 TARBERT DRIVE

City State Zip Code
WEST CHESTER, PA 19382

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

Name of Employer Occupation
Cephalon, Inc. Sr Director Investor Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053239458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
PATRICIA A. VANDENBERG

Mailing Address 106 SAGEWOOD DRIVE

City State Zip Code
MALVERN, PA 19355

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

Name of Employer Occupation
Cephalon, Inc. Sr Director Human Resources

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053259458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
BRUCE A. RUGGERI

Mailing Address 1202 KILLINGTON CIR

City State Zip Code
WEST CHESTER, PA 19380

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

Name of Employer Occupation
Cephalon, Inc. Director Oncology

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053269458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial) KIUMARS VADIEI		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115053279458	
Mailing Address 305 TRIMBLE CT		Amount of Each Receipt this Period 75.00	
City EXTON, State PA Zip Code 19341	FEC ID number of contributing federal political committee. C		
Name of Employer Cephalon, Inc. Occupation Sr Director Professional Services	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Semi-Monthly)		

B. Full Name (Last, First, Middle Initial) STACEY E. BECKHARDT		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115053299458	
Mailing Address 1459 BRADDOCK LANE		Amount of Each Receipt this Period 30.00	
City WYNNEWOOD, State PA Zip Code 19096	FEC ID number of contributing federal political committee. C		
Name of Employer Cephalon, Inc. Occupation Sr Manager Product Communications	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Semi-Monthly)		

C. Full Name (Last, First, Middle Initial) RUSSELL A. BRIERLEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115053309458	
Mailing Address 1297 W. KIRKLAND AVE		Amount of Each Receipt this Period 75.00	
City WEST CHESTER, State PA Zip Code 19380	FEC ID number of contributing federal political committee. C		
Name of Employer Cephalon, Inc. Occupation Sr Director Developmental Manufacturing	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Semi-Monthly)		

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. BRET A. DEMYAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 204 SIDESADDLE PLACE		Transaction ID: PR115053339458
City WEST CHESTER, State PA Zip Code 19382	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc. Occupation Sr Director IT	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) B. JOHN E. OSBORN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5 DOE'S LANE		Transaction ID: PR115053349458
City GREENVILLE, State DE Zip Code 19807	Amount of Each Receipt this Period _____ 300.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc. Occupation Exec Vice President	Aggregate Year-to-Date ▼ _____ 2300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

Full Name (Last, First, Middle Initial) C. ROBERT T. HRUBIEC		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 655 HARVEY BRIDGE RD P.O. BOX 399		Transaction ID: PR115053359458
City UNIONVILLE, State PA Zip Code 19375	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc. Occupation Vice President	Aggregate Year-to-Date ▼ _____ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	_____	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 360.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
CHARLENE TUCKER

Mailing Address 544 FOXWOOD LANE

City PAOLI, State PA Zip Code 19301

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

Name of Employer Cephalon, Inc. Occupation Director Regulatory Medical Writing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053369458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
LILLIAM KINGSBURY

Mailing Address 122 POTTERS POND DR

City PHOENIXVILLE, State PA Zip Code 19460

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

Name of Employer Cephalon, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053389458

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
ROBERT BRIAN SWITES

Mailing Address 1456 HEATHER RIDGE DRIVE

City NEWTOWN, State PA Zip Code 18940

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

Name of Employer Cephalon, Inc. Occupation Sr Manager Technical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053409458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	135.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. DANIEL W KINSEY		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 904 WOODOAK LANE		Transaction ID: PR115053469458
City State Zip Code CHARLESTON, WV 25314	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc.	Occupation Territory 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. ADAM B RONDEAU		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8073 NORTHRIDGE DR		Transaction ID: PR115053479458
City State Zip Code BRIGHTON, MI 48116	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist	
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) C. SIDDHARTHA A CHAND		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 385 S. CATALINA AVE APT. #112		Transaction ID: PR115053499458
City State Zip Code PASADENA, CA 91106	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Semi-Monthly) _____	
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 135.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. PETER M COOKE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 105 GALLAGHER DRIVE		Transaction ID: PR115053509458	
City FRANKLIN,	State TN	Zip Code 37064	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Area Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. DAVID B MUSGRAVE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11525 BOBERG RD		Transaction ID: PR115053529458	
City EVANSVILLE,	State IN	Zip Code 47712	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. ANIT R PATEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4714 N 126TH DR		Transaction ID: PR115053539458	
City LITCHFIELD PARK,	State AZ	Zip Code 85340	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
ROBERT J. URBAN

Mailing Address 9 TUNBRIDGE LANE

City MALVERN, State PA Zip Code 19355

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

Name of Employer Cephalon, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053619458

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
ETUKUDO O. AKPAITA

Mailing Address 3066 EAST GRANITE SLOPE LANE

City SANDY, State UT Zip Code 84092

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

Name of Employer Anesta Corp. Occupation Sr Director Quality Assurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053639458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
BRENDA B. THOMPSON

Mailing Address 4884 WEST SHAYN HILL

City WEST JORDAN, State UT Zip Code 84084

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

Name of Employer Anesta Corp. Occupation Assoc Director Materials Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053649458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 29
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
RANDALL W BALLIETT

Mailing Address 18135 CRESTLINE DR

City State Zip Code
LAKE OSWEGO, OR 97034

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

Name of Employer Occupation
Cephalon, Inc. Territory Sales Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053689458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
TARA A GUINDON

Mailing Address 619 EAST 1700 ROAD

City State Zip Code
BALDWIN CITY, KS 66006

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

Name of Employer Occupation
Cephalon, Inc. Territory Sales Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053739458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
MICHAEL D HEWITT

Mailing Address 6401 WESTWOOD DRIVE

City State Zip Code
CHARLESTOWN, IN 47111

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

Name of Employer Occupation
Cephalon, Inc. Territory Sales Specialist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR115053769458

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. KENNETH J. FIORELLI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 169 MAGNOLIA DR		Transaction ID: PR115053779458	
City CHESTER SPRINGS,	State PA	Zip Code 19425	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. SHERYL L WILLIAMS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 118 UPLAND TERRACE		Transaction ID: PR115053789458	
City BALA CYNWYD,	State PA	Zip Code 19004	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Sr Director Product Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. DEBRA J SHERETTE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1979 EAST M-28		Transaction ID: PR115053799458	
City MARQUETTE,	State MI	Zip Code 49855	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Territory Sales Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 255.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. ERNEST L KELLY		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 159 PINE LANE		Transaction ID: PR115053819458	
City YARDLEY,	State PA	Zip Code 19067	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. JEFFERSON M MYERS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7704 GEORGETOWN PIKE		Transaction ID: PR115054369458	
City MCLEAN,	State VA	Zip Code 22102	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2400.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. ROBERT P. ROCHE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 199 S. SPRING MILL		Transaction ID: PR115778339458	
City VILLANOVA	State PA	Zip Code 19085	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2000.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 630.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. JEFFRY L VAUGHT		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 206 KATHLEEN WAY		Transaction ID: PR115778349458	
City State Zip Code GLENMOORE PA 19343	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2100.00		P/R Deduction (\$100.00 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) B. J. KEVIN BUCHI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 202 BRIDLE PATH DR		Transaction ID: PR115778369458	
City State Zip Code NEWARK, DE 19711	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2100.00		P/R Deduction (\$100.00 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) C. CARL A. SAVINI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1140 ST. FINEGAN DRIVE		Transaction ID: PR115778379458	
City State Zip Code WEST CHESTER, PA 19382	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cephalon, Inc.	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2000.00		P/R Deduction (\$100.00 Se- mi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 900.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 29
	<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)
Cephalon, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. PETER E GREBOW		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 704 BUCKLEY RD		Transaction ID: PR123156019458	
City PENLLYN,	State PA	Zip Code 19422	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Exec Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1900.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. FRITZ I BITTENBENDER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 630 RICHARDS ROAD		Transaction ID: PR125968899458	
City WAYNE,	State PA	Zip Code 19087	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Sr Director Corporate Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1800.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. STEVEN H GERSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2508 POND VIEW DR		Transaction ID: PR130951099458	
City WEST CHESTER,	State PA	Zip Code 19382	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Cephalon, Inc.	Occupation Sr Analytical Chemist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 650.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 29
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
STEPHEN G CANNATA

Mailing Address 125 CROSSPOINTE DR.

City State Zip Code
WEST CHESTER, PA 19380

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

Name of Employer Occupation
Cephalon, Inc. Product Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR132338149458

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
DEBORAH W BEARER

Mailing Address 1610 WHITE OAK CT

City State Zip Code
PITTSBURGH, PA 15237

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

Name of Employer Occupation
Cephalon, Inc. Associate Director, Healthcare Systems

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR133345419458

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
KATHRYN A SWEENEY

Mailing Address 734 RODMAN STREET

City State Zip Code
PHILADELPHIA, PA 19147

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

Name of Employer Occupation
Cephalon, Inc. Assoc Product Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR133345469458

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cephalon, Inc. Employees' Political Action Committee

A. Full Name (Last, First, Middle Initial)
JENNIFER M CONNELLY

Mailing Address 3144 N STREET, NW
APT 1

City State Zip Code
WASHINGTON, DC 20007

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

Name of Employer Occupation
Cephalon, Inc. Director, Policy Development & Reimbur

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR134500539458

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	5570.00