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**THE MEDICINES COMPANY®**

November 29, 2010

VIA FEDERAL EXPRESS

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

To Whom it May Concern:

Enclosed please find The Medicines Company Political Action  
Committee FEC Form 3X 30-Day Post-Election Report of Receipts  
and Disbursements.

Please contact me if you have any questions or require further  
information.

Very truly yours,

Paul M. Antinori  
Senior Vice President and General Counsel

Enclosures

10030501170

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

The Medicines Company Political Action Committee

ADDRESS (number and street) 8 Sylyan Way

Check if different than previously reported. (ACC) Parsippany NJ 07054

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00456251 N NEW (N) OR A AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

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)

Election on MM / DD / YYYYYY in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

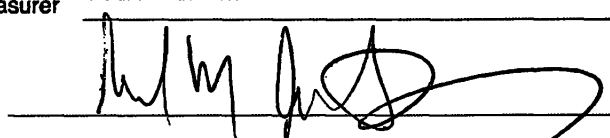
Election on 11 / 02 / 2010 in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

10 / 01 / 2010 through 11 / 22 / 2010

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 Paul M. Antinori

Signature of Treasurer  Date MM / DD / YYYYYY

11 / 24 / 2010

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)

Page 2

Write or Type Committee Name

The Medicines Company Political Action Committee

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

10030501172

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY 2010"/>		<input type="text" value="\$15,834.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="\$934.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="\$250.00"/>	<input type="text" value="\$3,750.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="\$1,184.16"/>	<input type="text" value="\$19,584.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="\$1,000.00"/>	<input type="text" value="\$19,400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="\$184.16"/>	<input type="text" value="\$184.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="\$0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="\$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. 02/2003)

Page 3

Write or Type Committee Name

The Medicines Company Political Action Committee

Report Covering the Period: From: 

MM	DD	YYYY
10	01	2010

 To: 

MM	DD	YYYY
11	22	2010

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<b>11. Contributions (other than loans) From:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	\$250.00	\$3,750.00
(ii) Unitemized.....	\$0.00	\$0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$250.00	\$3,750.00
(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).....▶	\$250.00	\$3,750.00
<b>12. Transfers From Affiliated/Other Party Committees.....</b>	\$0.00	\$0.00
<b>13. All Loans Received.....</b>	\$0.00	\$0.00
<b>14. Loan Repayments Received.....</b>	\$0.00	\$0.00
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</b>	\$0.00	\$0.00
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</b>	\$0.00	\$0.00
<b>17. Other Federal Receipts (Dividends, Interest, etc.).....</b>	\$0.00	\$0.00
<b>18. Transfers from Non-Federal and Levin Funds</b>		
(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
<b>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</b>	\$250.00	\$3,750.00
<b>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</b>	\$250.00	\$3,750.00

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**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
28. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$1,000.00	\$19,400.00
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))..	\$1,000.00	\$19,400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$1,000.00	\$19,400.00

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**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) .....	\$250.00	\$3,750.00
34. Total Contribution Refunds (from Line 28(d)) .....	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$250.00	\$3,750.00
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

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**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 1 OF 1
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**The Medicines Company Political Action Committee**

A. Full Name (Last, First, Middle Initial) <b>Paul M. Antinori</b>		Date of Receipt <b>10 / 26 / 2010</b>
Mailing Address <b>8 Sylvan Way</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>Parsippany</b>	State Zip Code <b>NJ 07054-3801</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>\$250.00</b>
Name of Employer <b>The Medicines Company</b>	Occupation <b>Senior Vice President and General Coun</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>\$250.00</b>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 1
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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)  
**The Medicines Company Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		Date of Disbursement M 10 / D 28 / Y 2010
Mailing Address PO Box 3176		Amount of Each Disbursement this Period <b>\$1,000.00</b>
City Long Branch	State NJ	
Zip Code 07740		Contribution: Frank Pallone (D-6th NJ)
Purpose of Disbursement Contribution: Frank Pallone (D-6th NJ)		
Candidate Name Rep. Frank Pallone Jr.		Category/ Type <b>011</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 06	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		
City	State	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State	
Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<b>\$1,000.00</b>
TOTAL This Period (last page this line number only).....▶	<b>\$1,000.00</b>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

10030501178

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>11/29/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jm 10</i> PREPARER	<i>11/30/10</i> DATE PREPARED