

**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

Millennium Pharmaceuticals Inc. PAC

ADDRESS (number and street)

750 Ninth Street, NW

Suite 575

☐Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00407460

3. IS THIS
REPORT☒NEW
(N)

OR

☐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
Quarterly 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

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

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

Liz Lewis

Signature of Treasurer

Electronically Filed by Liz Lewis

Date

10

12

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.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 68

Write or Type Committee Name
 Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	15779.50
(b) Cash on Hand at Beginning of Reporting Period	16310.50	
(c) Total Receipts (from Line 19)	7053.00	21084.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23363.50	36863.50
7. Total Disbursements (from Line 31)	1000.00	14500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22363.50	22363.50
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

FEC Form 3X (Rev. 06/2004)

4 / 68

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	5843.00	12736.00
(ii) Unitemized	1210.00	8348.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7053.00	21084.00
(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)	7053.00	21084.00
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))	7053.00	21084.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7053.00	21084.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	1000.00	14500.00	
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	0.00	
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))..	1000.00	14500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	14500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	7053.00	21084.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7053.00	21084.00
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: PAGE 7 / 68

(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.

Full Name (Last, First, Middle Initial)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-49

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-46

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-46

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 8 / 68

(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)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-46

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-46

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Kelly Bodiford

Mailing Address 710 Conesus Lane

City

Winter Springs

State

FL

Zip Code

32708

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-46

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 9 / 68

(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)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-9

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-9

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 / 68

(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)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-9

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Jennifer Boldizar

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-9

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68

(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)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-33

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-32

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-32

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

315.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 68

(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)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-32

Amount of Each Receipt this Period

105.00

B.

Full Name (Last, First, Middle Initial)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-32

Amount of Each Receipt this Period

105.00

C.

Full Name (Last, First, Middle Initial)

Kevin Carlin

Mailing Address 1909 Craig St

City

Raleigh

State

NC

Zip Code

27608

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 ▼

1890.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-32

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)

315.00

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 / 68

(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)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-28

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-27

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-27

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 14 / 68

(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)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-27

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-27

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City

Penfield

State

NY

Zip Code

14526

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-27

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 15 / 68

(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)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-30

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-29

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-29

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 16 / 68

(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)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-29

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-29

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Sandra DiCesare

Mailing Address 4 Shelly Lane

City

Westford

State

MA

Zip Code

01886

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-29

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 17 / 68

(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)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-34

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-33

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-33

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 / 68

(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)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-33

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-33

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Deborah Dunsire

Mailing Address 8 High Meadow Rd

City

Weslow

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-33

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 19 / 68

(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)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-26

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-25

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-25

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: PAGE 20 / 68

(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)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-25

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-25

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

James Holmes

Mailing Address 4 Avallon Way

City

Altamont

State

NY

Zip Code

12009

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-25

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: PAGE 21 / 68

(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)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-29

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-28

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-28

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 68

(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)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-28

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-28

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City

Bham

State

AL

Zip Code

35242

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-28

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 68

(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)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-31

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-30

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-30

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 24 / 68

(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)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-30

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-30

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Lewis

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-30

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 25 / 68

(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)

Robert Marshall

Mailing Address 8923 E. 100th Ct

City

Tulsa

State

OK

Zip Code

74133

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-2

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Robert Marshall

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

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-35

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Robert Marshall

Mailing Address 8923 E. 100th Ct

City

Tulsa

State

OK

Zip Code

74133

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-2

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

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 26 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Robert Marshall

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City

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Zip Code

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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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-34

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

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Name of Employer
Millennium Pharmaceuticals
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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-2

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Robert Marshall

Mailing Address 350th Third St. #1008

City

Cambridge

State

MA

Zip Code

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federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
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Occupation

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-34

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 27 / 68

(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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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: 2010101110451-2

Amount of Each Receipt this Period

5.00

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Aggregate Year-to-Date ▼

540.00

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M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: 2010101110451-34

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Transaction ID: 2010101111224-2

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

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 28 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Name of Employer
Millennium Pharmaceuticals
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Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-34

Amount of Each Receipt this Period

25.00

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Full Name (Last, First, Middle Initial)

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74133

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federal political committee.

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Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-2

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Robert Marshall

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

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-34

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 29 / 68

(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)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

OH

Zip Code

43021

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-22

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

OH

Zip Code

43021

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-21

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

OH

Zip Code

43021

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-21

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 68

(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)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

OH

Zip Code

43021

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-21

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

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Zip Code

43021

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federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Health Systems Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-21

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City

Galena

State

OH

Zip Code

43021

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-21

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 68

(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)

Amy Modean

Mailing Address 8312 Deer Pond Trail N

City

Lake Elmo

State

MN

Zip Code

55042

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101293855-17

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Amy Modean

Mailing Address 8312 Deer Pond Trail N

City

Lake Elmo

State

MN

Zip Code

55042

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101293855-18

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Amy Modean

Mailing Address 8312 Deer Pond Trail N

City

Lake Elmo

State

MN

Zip Code

55042

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2010101293855-19

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 32 / 68

(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)

Mary Ordal

Mailing Address 1435 York Ave

City

New York

State

NY

Zip Code

10075-2523

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-23

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mary Ordal

Mailing Address 1435 York Ave

City

New York

State

NY

Zip Code

10075-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
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Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-22

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mary Ordal

Mailing Address 1435 York Ave

City

New York

State

NY

Zip Code

10075-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
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Occupation

Regional Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-22

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 68

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

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Mary Ordal

Mailing Address 1435 York Ave

City

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State

NY

Zip Code

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federal political committee.

C

Name of Employer
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Occupation

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Receipt For:

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☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-22

Amount of Each Receipt this Period

30.00

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Receipt For:

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Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-22

Amount of Each Receipt this Period

30.00

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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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-22

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 68

(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

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.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 2 Arrow Head

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: 20101011105739-3

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 130 Sankernando Lane

City

E. Amherst

State

NY

Zip Code

14051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	0

Transaction ID: 20101011105739-36

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 2 Arrow Head

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: 20101011105649-3

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

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 35 / 68

(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)

Millennium Pharmaceuticals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 130 Sankernando Lane

City

E. Amherst

State

NY

Zip Code

14051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Transaction ID: 20101011105649-35

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 2 Arrow Head

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	0

Transaction ID: 20101011104636-3

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 130 Sankernando Lane

City

E. Amherst

State

NY

Zip Code

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FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	0

Transaction ID: 20101011104636-35

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 36 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-3

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Christopher Ramsay

Mailing Address 130 Sankernando Lane

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E. Amherst

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Name of Employer
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Occupation

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-35

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

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City

Bedford

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NH

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federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
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Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-3

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

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 37 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Name of Employer
Millennium Pharmaceuticals
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Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-35

Amount of Each Receipt this Period

25.00

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State

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Zip Code

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federal political committee.

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Inc.

Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-3

Amount of Each Receipt this Period

5.00

C.

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federal political committee.

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Name of Employer
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Occupation

Regional Sales Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-35

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 / 68

(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)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-32

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-31

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-31

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 39 / 68

(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)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-31

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-31

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joe Regan

Mailing Address 3 Legion Road

City

Weston

State

MA

Zip Code

02493

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-31

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 40 / 68

(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)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-37

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-36

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-36

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 41 / 68

(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)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-36

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-36

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sara Riedel

Mailing Address 4530 Promenade Lane

City

Sylvania

State

OH

Zip Code

43560

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-36

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 42 / 68

(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)

Warren Rohal

Mailing Address 29655 Fran Drive

City

Evergreen

State

CO

Zip Code

80439

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-24

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Warren Rohal

Mailing Address 29655 Fran Drive

City

Evergreen

State

CO

Zip Code

80439

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C

Name of Employer
Millennium Pharmaceuticals
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Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-23

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Warren Rohal

Mailing Address 29655 Fran Drive

City

Evergreen

State

CO

Zip Code

80439

FEC ID number of contributing
federal political committee.

C

Name of Employer
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Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-23

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-23

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☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-23

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Warren Rohal

Mailing Address 29655 Fran Drive

City

Evergreen

State

CO

Zip Code

80439

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-23

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 68

(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)

Elizabeth Rush

Mailing Address 7331 Booth

City

Praire Village

State

KS

Zip Code

66208

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 2010101293855-21

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Rush

Mailing Address 7331 Booth

City

Praire Village

State

KS

Zip Code

66208

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 2010101293855-22

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Rush

Mailing Address 7331 Booth

City

Praire Village

State

KS

Zip Code

66208

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101293855-23

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 45 / 68

(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)

Elizabeth Rush

Mailing Address 7331 Booth

City

Praire Village

State

KS

Zip Code

66208

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101293855-24

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Rush

Mailing Address 7331 Booth

City

Praire Village

State

KS

Zip Code

66208

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2010101293855-25

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-12

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)

58.00

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 46 / 68

(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)

Matt Shaw

Mailing Address 2205 Brookfield Dr

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-19

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-12

Amount of Each Receipt this Period

8.00

C.

Full Name (Last, First, Middle Initial)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-12

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)

26.00

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 47 / 68

(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)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-12

Amount of Each Receipt this Period

8.00

B.

Full Name (Last, First, Middle Initial)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-12

Amount of Each Receipt this Period

8.00

C.

Full Name (Last, First, Middle Initial)

Matt Shaw

Mailing Address 10004 Bentwood Birch Cove

City

Collierville

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Regional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-12

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)

24.00

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 48 / 68

(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)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-4

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Jodie Sherman-Drizos

Mailing Address 2530 Country Lege

City

New Braunfels

State

TX

Zip Code

78132

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-38

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-4

Amount of Each Receipt this Period

5.00

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 49 / 68

(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)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-4

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-4

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-4

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

15.00

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 50 / 68

(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)

Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City

Monpark

State

OK

Zip Code

93021

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-4

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Robert Slomka

Mailing Address 206 Forest Knoell Ct

City

Fishers

State

IN

Zip Code

46037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-50

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Robert Slomka

Mailing Address 206 Forest Knoell Ct

City

Fishers

State

IN

Zip Code

46037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-50

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 51 / 68

(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)

Robert Slomka

Mailing Address 206 Forest Knoell Ct

City

Fishers

State

IN

Zip Code

46037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-50

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Robert Slomka

Mailing Address 206 Forest Knoell Ct

City

Fishers

State

IN

Zip Code

46037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-50

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Robert Slomka

Mailing Address 206 Forest Knoell Ct

City

Fishers

State

IN

Zip Code

46037

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-50

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 52 / 68

(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.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 404 NW 17th Street

City

Newberry

State

FL

Zip Code

32669

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-5

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 22370 Cypress Wood Lane

City

Boca Raton

State

FL

Zip Code

33428

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-39

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 404 NW 17th Street

City

Newberry

State

FL

Zip Code

32669

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-5

Amount of Each Receipt this Period

5.00

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 53 / 68

(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.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 22370 Cypress Wood Lane

City

Boca Raton

State

FL

Zip Code

33428

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-37

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 404 NW 17th Street

City

Newberry

State

FL

Zip Code

32669

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-5

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 22370 Cypress Wood Lane

City

Boca Raton

State

FL

Zip Code

33428

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-37

Amount of Each Receipt this Period

20.00

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: PAGE 54 / 68

(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)

Heather Smith

Mailing Address 404 NW 17th Street

City

Newberry

State

FL

Zip Code

32669

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-5

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 22370 Cypress Wood Lane

City

Boca Raton

State

FL

Zip Code

33428

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-37

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 404 NW 17th Street

City

Newberry

State

FL

Zip Code

32669

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-5

Amount of Each Receipt this Period

5.00

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 55 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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State

FL

Zip Code

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FEC ID number of contributing
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C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-37

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 404 NW 17th Street

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Newberry

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FL

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32669

FEC ID number of contributing
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C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-5

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Heather Smith

Mailing Address 22370 Cypress Wood Lane

City

Boca Raton

State

FL

Zip Code

33428

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-37

Amount of Each Receipt this Period

20.00

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: PAGE 56 / 68

(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)

Mark Vages

Mailing Address 12 Thornfield Lane

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

National Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101293855-35

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark Vages

Mailing Address 12 Thornfield Lane

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

National Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101293855-36

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark Vages

Mailing Address 12 Thornfield Lane

City

Hawthorn Woods

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

National Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 2010101293855-37

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: PAGE 57 / 68

(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)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-25

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-24

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-24

Amount of Each Receipt this Period

30.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 68

(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)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-24

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-24

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City

N Andover

State

MA

Zip Code

01845

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-24

Amount of Each Receipt this Period

30.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 68

(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)

Brenda Whan

Mailing Address 30026 Superstar Dr

City

Carmel

State

IN

Zip Code

46032

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-7

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 2913 Q Avenue

City

Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-40

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 30026 Superstar Dr

City

Carmel

State

IN

Zip Code

46032

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-7

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 68

(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)

Brenda Whan

Mailing Address 2913 Q Avenue

City

Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-38

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 30026 Superstar Dr

City

Carmel

State

IN

Zip Code

46032

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-7

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 2913 Q Avenue

City

Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-38

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Carmel

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C

Name of Employer
Millennium Pharmaceuticals
Inc.

Occupation

Sr. Oncology Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-7

Amount of Each Receipt this Period

5.00

B.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 2913 Q Avenue

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Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-38

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

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Mailing Address 30026 Superstar Dr

City

Carmel

State

IN

Zip Code

46032

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-7

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

35.00

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 62 / 68

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 2913 Q Avenue

City

Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-38

Amount of Each Receipt this Period

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B.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 30026 Superstar Dr

City

Carmel

State

IN

Zip Code

46032

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-7

Amount of Each Receipt this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Brenda Whan

Mailing Address 2913 Q Avenue

City

Parnell

State

IA

Zip Code

52325

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 20101011105715-38

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

55.00

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 63 / 68

(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)

Gayle Williams

Mailing Address 114 Carriage Lane

City

Logan Tnp

State

NJ

Zip Code

08085

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-48

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 0

Transaction ID: 20101011105739-47

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: 20101011105649-45

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 64 / 68

(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)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-45

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-45

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-45

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 65 / 68

(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)

Millennium Pharmaceuticals Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Brent Wingerson

Mailing Address 5311 NE 24th Ct

City

Newcastle

State

WA

Zip Code

98059

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 ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 20101011105715-45

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Michael Zdrojewski

Mailing Address 57 Christian Way

City

North Andover

State

MA

Zip Code

01845

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	0

Transaction ID: 20101011105739-27

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Michael Zdrojewski

Mailing Address 57 Christian Way

City

North Andover

State

MA

Zip Code

01845

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	0

Transaction ID: 20101011105649-26

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

65.00

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 / 68

(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

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

Transaction ID: 20101011104636-26

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Michael Zdrojewski

Mailing Address 57 Christian Way

City

North Andover

State

MA

Zip Code

01845

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 2010101110451-26

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Michael Zdrojewski

Mailing Address 57 Christian Way

City

North Andover

State

MA

Zip Code

01845

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 1 0

Transaction ID: 2010101111224-26

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 67 / 68

(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)

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

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Transaction ID: 20101011105715-26

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

20.00

TOTAL This Period (last page this line number only)

5843.00

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)

PAGE 68 / 68

<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

A.

Full Name (Last, First, Middle Initial)

Hoeven for Senate

Mailing Address PO Box 15114

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement
2010 General

Candidate Name
John Hoeven

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND

District:

Transaction ID: 55CA064D5E7458DF4F4

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00