

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 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00407460 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15 (X), October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 04 01 2010 through 06 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 12 02 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

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		15779.50
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	11432.50									
(c) Total Receipts (from Line 19)	7378.00	14031.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18810.50	29810.50								
7. Total Disbursements (from Line 31)	2500.00	13500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16310.50	16310.50								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

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)	4690.00	6515.00
(ii) Unitemized	2688.00	7516.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7378.00	14031.00
(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)	7378.00	14031.00
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))	7378.00	14031.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7378.00	14031.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	2500.00	13500.00
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))..	2500.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	13500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 42

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)	7378.00	14031.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7378.00	14031.00
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 / 42						
	(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

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) John Billias		Date of Receipt MM / DD / YYYY 05 / 15 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: 6B005BCC3B41BC229C9		
	City E. Amherst	State NY	Zip Code 14051	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) John Billias		Date of Receipt MM / DD / YYYY 05 / 30 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: 69FB24C787128B8BCF2		
	City E. Amherst	State NY	Zip Code 14051	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) John Billias		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: 92FA68653199AB33C9C		
	City E. Amherst	State NY	Zip Code 14051	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date 300.00		

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 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) John Billias	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 130 Sankernando Lane	Transaction ID: E20883C8684F45588BD
	City State Zip Code E. Amherst NY 14051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Kelly Bodiford	Date of Receipt MM / DD / YYYY 05 / 15 / 2010
	Mailing Address 710 Conesus Lane	Transaction ID: 2010071317230-49
	City State Zip Code Winter Springs FL 32708	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Kelly Bodiford	Date of Receipt MM / DD / YYYY 05 / 30 / 2010
	Mailing Address 710 Conesus Lane	Transaction ID: 2010071317747-49
	City State Zip Code Winter Springs FL 32708	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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 / 42
(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)
Kelly Bodiford

Mailing Address 710 Conesus Lane

City State Zip Code
Winter Springs FL 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 ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 201007131726-49

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 710 Conesus Lane

City State Zip Code
Winter Springs FL 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 ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 2010071317729-49

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 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 ▼ 300.00

Date of Receipt MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 2010071317230-9

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 / 42
(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)
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 ▼ 300.00

Date of Receipt 05 / 30 / 2010

Transaction ID: 2010071317747-9

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 ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-9

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 2010071317729-9

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 11 / 42
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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 ▼ 1260.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100713-34-16-52

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 ▼ 1260.00

Date of Receipt 04 / 30 / 2010

Transaction ID: 20100713-33-16-57

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 ▼ 1260.00

Date of Receipt 05 / 15 / 2010

Transaction ID: 2010071317230-33

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 12 / 42						
	(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

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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 ▼ 1260.00

Date of Receipt 05 / 30 / 2010

Transaction ID: 2010071317747-33

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 ▼ 1260.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-33

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 ▼ 1260.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 2010071317729-33

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 / 42
(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)
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 ▼ 300.00

Date of Receipt 05 / 15 / 2010

Transaction ID: 2010071317230-28

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 ▼ 300.00

Date of Receipt 05 / 30 / 2010

Transaction ID: 2010071317747-28

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 ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-28

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42		
	<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

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

A.	Full Name (Last, First, Middle Initial) Patrick Connelly	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 4 Oatsfield Circlce	Transaction ID: 2010071317729-28
	City State Zip Code Penfield NY 14526	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Jennifer Dewar	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 2530 Country Ledge Dr	Transaction ID: 5DDCB94DA112A2D6FF1
	City State Zip Code New Braunfels TX 78132-4109	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

C.	Full Name (Last, First, Middle Initial) Jennifer Dewar	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2530 Country Ledge Dr	Transaction ID: B29E9D021F95E277A04
	City State Zip Code New Braunfels TX 78132-4109	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional)	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 15 / 42
(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)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100713-31-16-52

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 20100713-30-16-57

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 1 0

Transaction ID: 2010071317230-30

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 16 / 42
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	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 State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 2010071317747-30

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 201007131726-30

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 2010071317729-30

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 17 / 42
(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)
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 ▼ 2400.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2010

Transaction ID: 20100713-35-16-52

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 ▼ 2400.00

Date of Receipt MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 20100713-34-16-57

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 ▼ 2400.00

Date of Receipt MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 2010071317230-34

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 / 42
(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)
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 ▼ 2400.00

Date of Receipt: 05 / 30 / 2010
Transaction ID: 2010071317747-34
 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 ▼ 2400.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 201007131726-34
 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 ▼ 2400.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 2010071317729-34
 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 / 42
(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)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 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 ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 201007131726-26

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 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 ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: 2010071317729-26

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code
Bham AL 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 ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
04 / 15 / 2010

Transaction ID: 20100713-30-16-52

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 20 / 42
(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 ▼ 360.00

Date of Receipt 04 / 30 / 2010
Transaction ID: 20100713-29-16-57
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 ▼ 360.00

Date of Receipt 05 / 15 / 2010
Transaction ID: 2010071317230-29
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 ▼ 360.00

Date of Receipt 05 / 30 / 2010
Transaction ID: 2010071317747-29
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: (check only one)	PAGE 21 / 42		
	<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

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

A.	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bham	AL	35242
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology Sales Specialist	Transaction ID: 201007131726-29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bham	AL	35242
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology Sales Specialist	Transaction ID: 2010071317729-29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) Elizabeth Lewis		Date of Receipt
	Mailing Address 32 Cressbrook Rd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Concord	MA	01742-5304
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP, Commercial Law	Transaction ID: 20100713-32-16-52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<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) Elizabeth Lewis		Date of Receipt	
	Mailing Address 32 Cressbrook Rd		M M / D D / Y Y Y Y 04 / 30 / 2010	
	City	State	Zip Code	Transaction ID: 20100713-31-16-57
	Concord	MA	01742-5304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP, Commercial Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

B.	Full Name (Last, First, Middle Initial) Elizabeth Lewis		Date of Receipt	
	Mailing Address 32 Cressbrook Rd		M M / D D / Y Y Y Y 05 / 15 / 2010	
	City	State	Zip Code	Transaction ID: 2010071317230-31
	Concord	MA	01742-5304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP, Commercial Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

C.	Full Name (Last, First, Middle Initial) Elizabeth Lewis		Date of Receipt	
	Mailing Address 32 Cressbrook Rd		M M / D D / Y Y Y Y 05 / 30 / 2010	
	City	State	Zip Code	Transaction ID: 2010071317747-31
	Concord	MA	01742-5304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP, Commercial Law		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

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 23 / 42
(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)
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 ▼ 600.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-31

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 ▼ 600.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 2010071317729-31

Amount of Each Receipt this Period 50.00

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 ▼ 360.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100713-23-16-52

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► **130.00**

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 / 42
(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) Sabina McCafferty		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 20100713-22-16-57
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 05 / 15 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 2010071317230-22
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 05 / 30 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 2010071317747-22
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 25 / 42
(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

<p>A. Full Name (Last, First, Middle Initial) Sabina McCafferty</p> <p>Mailing Address 2639 Pointewood Loop</p> <p>City State Zip Code Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 201007131726-22</p> <p>Amount of Each Receipt this Period 30.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Sabina McCafferty</p> <p>Mailing Address 2639 Pointewood Loop</p> <p>City State Zip Code Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0</p> <p>Transaction ID: 2010071317729-22</p> <p>Amount of Each Receipt this Period 30.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Isabelle Mercier</p> <p>Mailing Address 350th Third St. #1008</p> <p>City State Zip Code Cambridge MA 02142</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0</p> <p>Transaction ID: 736E443FDD7E399924E</p> <p>Amount of Each Receipt this Period 25.00</p>
--	---

SUBTOTAL of Receipts This Page (optional)	85.00
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 / 42
(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)
Isabelle Mercier

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 36E222B93B795A4E6A2

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: C980281A34C8DACA995

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: B7648DE3D946C28289B

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 27 / 42
(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)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100713-24-16-52

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 20100713-23-16-57

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 1 0

Transaction ID: 2010071317230-23

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: (check only one)	PAGE 28 / 42
	<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)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 2010071317747-23

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 201007131726-23

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 2010071317729-23

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 29 / 42
(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
 Date of Receipt 04 / 15 / 2010
Transaction ID: 20100713-33-16-52
 Amount of Each Receipt this Period 50.00
 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 600.00

B. Full Name (Last, First, Middle Initial)
Joe Regan
 Mailing Address 3 Legion Road
 City Weston State MA Zip Code 02493
 Date of Receipt 04 / 30 / 2010
Transaction ID: 20100713-32-16-57
 Amount of Each Receipt this Period 50.00
 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 600.00

C. Full Name (Last, First, Middle Initial)
Joe Regan
 Mailing Address 3 Legion Road
 City Weston State MA Zip Code 02493
 Date of Receipt 05 / 15 / 2010
Transaction ID: 2010071317230-32
 Amount of Each Receipt this Period 50.00
 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 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<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) Joe Regan	Date of Receipt MM / DD / YYYY 05 / 30 / 2010
	Mailing Address 3 Legion Road	Transaction ID: 2010071317747-32
	City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

B.	Full Name (Last, First, Middle Initial) Joe Regan	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 3 Legion Road	Transaction ID: 201007131726-32
	City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

C.	Full Name (Last, First, Middle Initial) Joe Regan	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 3 Legion Road	Transaction ID: 2010071317729-32
	City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

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 31 / 42
(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)
Sara Riedel

Mailing Address 4530 Promenade Lane

City State Zip Code
Sylvania OH 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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 201007131726-37

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 4530 Promenade Lane

City State Zip Code
Sylvania OH 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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 2010071317729-37

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2010

Transaction ID: 20100713-25-16-52

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 42
(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)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 20100713-24-16-57

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 1 0

Transaction ID: 2010071317230-24

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 1 0

Transaction ID: 2010071317747-24

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 33 / 42

(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)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 201007131726-24

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 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 ▼ 360.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 2010071317729-24

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

FEC ID number of contributing federal political committee. C

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 62C9C2614DD97E19BB6

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 85.00

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 / 42
(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)
Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 1 0

Transaction ID: 81AADED56195DA8326F

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: FE16C5394FFC479395E

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 2E99B3C83F6E84F8279

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 35 / 42
(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)
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 ▼ 360.00

Date of Receipt MM / DD / YYYY 04 / 15 / 2010

Transaction ID: 20100713-26-16-52

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 ▼ 360.00

Date of Receipt MM / DD / YYYY 04 / 30 / 2010

Transaction ID: 20100713-25-16-57

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 ▼ 360.00

Date of Receipt MM / DD / YYYY 05 / 15 / 2010

Transaction ID: 2010071317230-25

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 36 / 42
(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)
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 ▼ 360.00

Date of Receipt 05 / 30 / 2010

Transaction ID: 2010071317747-25

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 ▼ 360.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-25

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 ▼ 360.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 2010071317729-25

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 37 / 42
(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)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2010
Transaction ID: 18BB9CF5E3E1CB845F1
Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2010
Transaction ID: 1567801FCC55147EAAD
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 15 / 2010
Transaction ID: 36635BE7B3CAF3B2FBB
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 38 / 42
(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)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
06 / 30 / 2010

Transaction ID: B569385EAEC100D4E53

Amount of Each Receipt this Period: 25.00

B.

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY
05 / 15 / 2010

Transaction ID: 2010071317230-48

Amount of Each Receipt this Period: 25.00

C.

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 2010071317747-48

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 39 / 42
(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)
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 ▼ 300.00

Date of Receipt 06 / 15 / 2010

Transaction ID: 201007131726-48

Amount of Each Receipt this Period 25.00

B.

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 2010071317729-48

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 ▼ 300.00

Date of Receipt 05 / 15 / 2010

Transaction ID: 2010071317230-47

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 40 / 42
(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 State Zip Code
Newcastle WA 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 2010071317747-47

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 201007131726-47

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 2010071317729-47

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 / 42
	(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 State Zip Code
North Andover MA 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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 201007131726-27

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 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 ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: 2010071317729-27

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	4690.00

**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 42 / 42

<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)
Scott Brown for US Senate Committee

Transaction ID: 828DDE27A38729A4FED

Date of Disbursement

Mailing Address PO Box 395

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

City Wrentham State MA Zip Code 02903

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2012 Primary

011
Category/ Type

Candidate Name
Scott P. Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00
