

# 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** 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 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									
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**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	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 <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 .....	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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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:    To:

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) .....	5635.00	12150.00
(ii) Unitemized .....	1418.00	8934.00
(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

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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)

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 / 55  
(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)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 33B5DCF7DAF5CEC916E

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 4F552555391981C09BF

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** D0B51DF27725B44AAEF

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 / 55  
(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)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** A30277127AD8691B983

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2CDF827688204480CB5

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code  
E. Amherst NY 14051

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** FCE028B9C1C8A168E0E

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 9 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelly Bodiford		Date of Receipt MM / DD / YYYY 07 / 15 / 2010		
	Mailing Address 710 Conesus Lane		<b>Transaction ID:</b> 20101011105739-49		
	City Winter Springs	State FL	Zip Code 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 ▼ 450.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Bodiford		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 710 Conesus Lane		<b>Transaction ID:</b> 20101011105649-46		
	City Winter Springs	State FL	Zip Code 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 ▼ 450.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelly Bodiford		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 710 Conesus Lane		<b>Transaction ID:</b> 20101011104636-46		
	City Winter Springs	State FL	Zip Code 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 ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> 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 / 55  
(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 State Zip Code  
 Winter Springs FL 32708  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2010  
**Transaction ID:** 2010101110451-46  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**B.** Full Name (Last, First, Middle Initial)  
Kelly Bodiford  
 Mailing Address 710 Conesus Lane  
 City State Zip Code  
 Winter Springs FL 32708  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2010  
**Transaction ID:** 2010101111224-46  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**C.** Full Name (Last, First, Middle Initial)  
Kelly Bodiford  
 Mailing Address 710 Conesus Lane  
 City State Zip Code  
 Winter Springs FL 32708  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2010  
**Transaction ID:** 20101011105715-46  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**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 11 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
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 07 / 15 / 2010

**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 07 / 30 / 2010

**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 08 / 15 / 2010

**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 12 / 55  
(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 08 / 31 / 2010  
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 09 / 15 / 2010  
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 09 / 30 / 2010  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55  
(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)  
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 07 / 15 / 2010

**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 07 / 30 / 2010

**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 08 / 15 / 2010

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55  
(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)  
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 08 / 31 / 2010

**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 09 / 15 / 2010

**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 09 / 30 / 2010

**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: (check only one)	PAGE 15 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Connelly	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 4 Oatsfield CirIce	<b>Transaction ID:</b> 20101011105739-28
	City Penfield State NY Zip Code 14526	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patrick Connelly	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 4 Oatsfield CirIce	<b>Transaction ID:</b> 20101011105649-27
	City Penfield State NY Zip Code 14526	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Connelly	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 4 Oatsfield CirIce	<b>Transaction ID:</b> 20101011104636-27
	City Penfield State NY Zip Code 14526	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 / 55  
(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)  
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 MM / DD / YYYY 08 / 31 / 2010

**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 MM / DD / YYYY 09 / 15 / 2010

**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 MM / DD / YYYY 09 / 30 / 2010

**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: (check only one)	PAGE 17 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer Dewar		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 2530 Country Ledge Dr		<b>Transaction ID:</b> AA22F46E877873EDDDDB
	City New Braunfels	State TX	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra DiCesare		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 4 Shelly Lane		<b>Transaction ID:</b> 20101011105739-30
	City Westford	State MA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP Commercial Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra DiCesare		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 4 Shelly Lane		<b>Transaction ID:</b> 20101011105649-29
	City Westford	State MA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Millennium Pharmaceuticals Inc.		Occupation VP Commercial Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> 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 18 / 55
	<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 ▼ 900.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 20101011104636-29

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 ▼ 900.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 2010101110451-29

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 ▼ 900.00

Date of Receipt 09 / 15 / 2010

**Transaction ID:** 2010101111224-29

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 19 / 55  
(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 ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: 20101011105715-29

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code  
Weslow MA 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 07 / 15 / 2010

Transaction ID: 20101011105739-34

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code  
Weslow MA 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 07 / 30 / 2010

Transaction ID: 20101011105649-33

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**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 / 55  
(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 08 / 15 / 2010

**Transaction ID:** 20101011104636-33

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 08 / 31 / 2010

**Transaction ID:** 2010101110451-33

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 09 / 15 / 2010

**Transaction ID:** 2010101111224-33

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 21 / 55

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt		
	Mailing Address 8 High Meadow Rd		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Weslow	State MA	Zip Code 02493	<b>Transaction ID:</b> 20101011105715-33	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00		
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation President & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	3600.00
--------------------------	---------

<b>B.</b>	Full Name (Last, First, Middle Initial) James Holmes		Date of Receipt		
	Mailing Address 4 Avallon Way		M M / D D / Y Y Y Y 07 / 15 / 2010		
	City Altamont	State NY	Zip Code 12009	<b>Transaction ID:</b> 20101011105739-26	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00		
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager, Sales Training	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	360.00
--------------------------	--------

<b>C.</b>	Full Name (Last, First, Middle Initial) James Holmes		Date of Receipt		
	Mailing Address 4 Avallon Way		M M / D D / Y Y Y Y 07 / 30 / 2010		
	City Altamont	State NY	Zip Code 12009	<b>Transaction ID:</b> 20101011105649-25	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00		
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager, Sales Training	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼	360.00
--------------------------	--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.00
<b>TOTAL</b> 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 / 55  
(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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 20101011104636-25

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010101110451-25

Amount of Each Receipt this Period  
20.00

**C.**

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2010101111224-25

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 23 / 55  
(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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 20101011105715-25

Amount of Each Receipt this Period  
20.00

**B.**

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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** 20101011105739-29

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 2029 Cahaba Crest Dr

City 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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 20101011105649-28

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text" value="08"/> / <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	<b>Transaction ID:</b> 20101011104636-28
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="540.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <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	<b>Transaction ID:</b> 2010101110451-28
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="540.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text" value="09"/> / <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	<b>Transaction ID:</b> 2010101111224-28
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="540.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> 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: PAGE 25 / 55

(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)  
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 ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: 20101011105715-28

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Lewis

Mailing Address 32 Cressbrook Rd

City State Zip Code  
Concord MA 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  
07 / 15 / 2010

Transaction ID: 20101011105739-31

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Lewis

Mailing Address 32 Cressbrook Rd

City State Zip Code  
Concord MA 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  
07 / 30 / 2010

Transaction ID: 20101011105649-30

Amount of Each Receipt this Period  
50.00

**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 26 / 55

(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 ▼ 900.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** 20101011104636-30

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 08 / 31 / 2010

**Transaction ID:** 2010101110451-30

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 09 / 15 / 2010

**Transaction ID:** 2010101111224-30

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: (check only one)	PAGE 27 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth Lewis		Date of Receipt
	Mailing Address 32 Cressbrook Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Concord	MA	01742-5304
	FEC ID number of contributing federal political committee.		Transaction ID: 20101011105715-30
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 900.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt
	Mailing Address 2639 Pointewood Loop		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2010
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		Transaction ID: 20101011105739-22
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 540.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt
	Mailing Address 2639 Pointewood Loop		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee.		Transaction ID: 20101011105649-21
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 540.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 110.00
<b>TOTAL</b> 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: PAGE 28 / 55  
(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) Sabina McCafferty		Date of Receipt MM / DD / YYYY 08 / 15 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 20101011104636-21
City Galena	State OH	
Zip Code 43021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date ▼ 540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 2010101110451-21
City Galena	State OH	
Zip Code 43021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date ▼ 540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 2010101111224-21
City Galena	State OH	
Zip Code 43021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	Aggregate Year-to-Date ▼ 540.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 29 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sabina McCafferty	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2639 Pointewood Loop	<b>Transaction ID:</b> 20101011105715-21
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 540.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> DB8EA52C66D46B569D1
	City State Zip Code Cambridge MA 02142	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> E3952D1B2D9F825C713
	City State Zip Code Cambridge MA 02142	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> 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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 30 / 55
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NAME OF COMMITTEE (In Full)  
Millennium Pharmaceuticals Inc. PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 08 / 15 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> 893E37663A79DCFCAA1
	City State Zip Code Cambridge MA 02142	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> FBA0F69D35ED3119EC3
	City State Zip Code Cambridge MA 02142	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> 908F165DB1089D2AFC7
	City State Zip Code Cambridge MA 02142	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> 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 / 55  
(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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 3FE17D48F7D30FBDD2A

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 State Zip Code  
Lake Elmo MN 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  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010101293855-17

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 State Zip Code  
Lake Elmo MN 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  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2010101293855-18

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 / 55  
(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)  
Amy Modean

Mailing Address 8312 Deer Pond Trail N

City State Zip Code  
Lake Elmo MN 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  
09 / 30 / 2010

**Transaction ID:** 2010101293855-19

Amount of Each Receipt this Period  
25.00

**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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** 20101011105739-23

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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 20101011105649-22

Amount of Each Receipt this Period  
30.00

**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 33 / 55  
(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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 20101011104636-22

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010101110451-22

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2010101111224-22

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 / 55  
(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 09 / 30 / 2010  
Transaction ID: 20101011105715-22  
Amount of Each Receipt this Period 30.00

**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 07 / 15 / 2010  
Transaction ID: 20101011105739-32  
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 07 / 30 / 2010  
Transaction ID: 20101011105649-31  
Amount of Each Receipt this Period 50.00

**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 35 / 55  
(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)  
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code  
Weston MA 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 08 / 15 / 2010

**Transaction ID:** 20101011104636-31

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code  
Weston MA 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 08 / 31 / 2010

**Transaction ID:** 2010101110451-31

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code  
Weston MA 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 09 / 15 / 2010

**Transaction ID:** 2010101111224-31

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 36 / 55  
(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 09 / 30 / 2010  
Transaction ID: 20101011105715-31  
Amount of Each Receipt this Period 50.00

**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 ▼ 360.00  
Date of Receipt 07 / 15 / 2010  
Transaction ID: 20101011105739-37  
Amount of Each Receipt this Period 20.00

**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 ▼ 360.00  
Date of Receipt 07 / 30 / 2010  
Transaction ID: 20101011105649-36  
Amount of Each Receipt this Period 20.00

**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 / 55  
(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 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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 20101011104636-36

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010101110451-36

Amount of Each Receipt this Period  
20.00

**C.** 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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2010101111224-36

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 38 / 55  
(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)  
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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 20101011105715-36

Amount of Each Receipt this Period  
20.00

**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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2010

**Transaction ID:** 20101011105739-24

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 ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2010

**Transaction ID:** 20101011105649-23

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 55  
(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 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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 20101011104636-23

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** 2010101110451-23

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 2010101111224-23

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 40 / 55  
(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 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 ▼ 540.00

Date of Receipt 09 / 30 / 2010  
**Transaction ID:** 20101011105715-23

Amount of Each Receipt this Period 30.00

**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 ▼ 450.00

Date of Receipt 07 / 15 / 2010  
**Transaction ID:** 3EB1B0DAAD1B2B475DC

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 ▼ 450.00

Date of Receipt 07 / 30 / 2010  
**Transaction ID:** 27FB2276BD111268F7E

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 80.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 55  
(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)  
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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2010

**Transaction ID:** 1BCBE68B3272E5243C9

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** D15B02AB12268872606

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 1F91822DFA1367DFDD6

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 / 55  
(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)  
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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 5AB2709900BAB08A978

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Rush

Mailing Address 7331 Booth

City State Zip Code  
Prairie Village KS 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 Y  
07 / 30 / 2010

**Transaction ID:** 2010101293855-21

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Rush

Mailing Address 7331 Booth

City State Zip Code  
Prairie Village KS 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 Y  
08 / 15 / 2010

**Transaction ID:** 2010101293855-22

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 43 / 55

(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)  
Elizabeth Rush

Mailing Address 7331 Booth

City State Zip Code  
Prairie Village KS 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  
08 / 31 / 2010

Transaction ID: 2010101293855-23

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Rush

Mailing Address 7331 Booth

City State Zip Code  
Prairie Village KS 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  
09 / 15 / 2010

Transaction ID: 2010101293855-24

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Rush

Mailing Address 7331 Booth

City State Zip Code  
Prairie Village KS 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  
09 / 30 / 2010

Transaction ID: 2010101293855-25

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 44 / 55  
(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)  
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 07 / 30 / 2010

**Transaction ID:** 20101011105649-50

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 08 / 15 / 2010

**Transaction ID:** 20101011104636-50

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 08 / 31 / 2010

**Transaction ID:** 20101011104651-50

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 45 / 55  
(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)  
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 09 / 15 / 2010

**Transaction ID:** 2010101111224-50

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 09 / 30 / 2010

**Transaction ID:** 20101011105715-50

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 08 / 31 / 2010

**Transaction ID:** 2010101293855-35

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 46 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Vages		Date of Receipt	
	Mailing Address 12 Thornfield Lane		M M / D D / Y Y Y Y 09 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 2010101293855-36
	Hawthorn Woods	IL	60047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Millennium Pharmaceuticals Inc.		Occupation National Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Vages		Date of Receipt	
	Mailing Address 12 Thornfield Lane		M M / D D / Y Y Y Y 09 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 2010101293855-37
	Hawthorn Woods	IL	60047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Millennium Pharmaceuticals Inc.		Occupation National Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt	
	Mailing Address 19 Holly Ridge Rd		M M / D D / Y Y Y Y 07 / 15 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 20101011105739-25
	N Andover	MA	01845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> 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 / 55  
(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 07 / 30 / 2010  
Transaction ID: 20101011105649-24  
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 08 / 15 / 2010  
Transaction ID: 20101011104636-24  
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 08 / 31 / 2010  
Transaction ID: 2010101110451-24  
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: (check only one)	PAGE 48 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt
	Mailing Address 19 Holly Ridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2010
	City	State	Zip Code
	N Andover	MA	01845
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010101111224-24
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt
	Mailing Address 19 Holly Ridge Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	N Andover	MA	01845
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20101011105715-24
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 540.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Weber		Date of Receipt
	Mailing Address 2913 Q Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2010
	City	State	Zip Code
	Parnell	IA	52325-8842
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 1299E41681516AA9B1E
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sales Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 85.00
<b>TOTAL</b> 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: PAGE 49 / 55  
(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 ▼ 450.00

Date of Receipt 07 / 30 / 2010

**Transaction ID:** 0155DB6031A52E4EC60

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 ▼ 450.00

Date of Receipt 08 / 15 / 2010

**Transaction ID:** FABFFA3F9F725CDBABA

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 ▼ 450.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** 93523C1BFA06497EFE1

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 50 / 55  
(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 ▼ 450.00

Date of Receipt 09 / 15 / 2010

**Transaction ID:** 7EAAB841D2FFBBA9D68

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 ▼ 450.00

Date of Receipt 09 / 30 / 2010

**Transaction ID:** F42BDE94FAB91239447

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 ▼ 325.00

Date of Receipt 07 / 15 / 2010

**Transaction ID:** 20101011105739-48

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 51 / 55  
(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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 20101011105739-47

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 20101011105649-45

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 5311 NE 24th Ct

City 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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2010

**Transaction ID:** 20101011104636-45

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 52 / 55  
(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: 08 / 31 / 2010  
**Transaction ID:** 2010101110451-45  
 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: 09 / 15 / 2010  
**Transaction ID:** 2010101111224-45  
 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: 09 / 30 / 2010  
**Transaction ID:** 20101011105715-45  
 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: (check only one)	PAGE 53 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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 07 / 15 / 2010

**Transaction ID:** 20101011105739-27

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 07 / 30 / 2010

**Transaction ID:** 20101011105649-26

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 08 / 15 / 2010

**Transaction ID:** 20101011104636-26

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 54 / 55  
(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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** 2010101110451-26

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** 2010101111224-26

Amount of Each Receipt this Period  
20.00

**C.**

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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2010

**Transaction ID:** 20101011105715-26

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) ..... ► 5635.00

**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 55 / 55

<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

Transaction ID: 55CA064D5E7458DF4F4

Date of Disbursement

Mailing Address PO Box 15114

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

City State Zip Code  
Arlington VA 22215

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2010 General

011
Category/ Type

Candidate Name  
John Hoeven

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: ND District:

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

1000.00
---------

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

1000.00
---------