

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

ADDRESS (number and street) 801 Pennsylvania Ave. NW Suite 325

(Check if address is changed)

Washington DC 20004
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Brandy.Stacks@bms.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) n/a

2. DATE 08 / 08 / 2012

3. FEC IDENTIFICATION NUMBER C C00035675

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Adam Bartnik

Signature of Treasurer Adam Bartnik [Electronically Filed] Date 08 / 17 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Bristol-Myers Squibb Company

Mailing Address 801 Pennsylvania Ave. NW, Ste 325

Washington

DC

20004

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Adam Bartnik

Mailing Address 3551 Lawrenceville Road

Princeton

NJ

08648

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 609 - 252 - 3853

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Adam Bartnik

Mailing Address 3551 Lawrenceville Road

Princeton

NJ

08648

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 609 - 252 - 3853

Full Name of Designated Agent

David C Levi

Mailing Address

Route #206 and Province Line Rd.

Princeton

CITY

NJ

STATE

08543

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

609

252

5522

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of New York

Mailing Address

530 5th Avenue

New York

CITY

NY

STATE

10036

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

Transaction ID :

This registration is being amended to change the name and address of the PAC, add an affiliate committee and update all officer information.

Form/Schedule:

Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Amylin Pharmaceuticals Inc., A Bristol-Myers Squibb Company, Political Action Committee (Amylin PAC)

Mailing Address

601 13th St. NW 11th Floor

Washington

DC

20005

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

David Sproat

Mailing Address

400 Streamside Lane

Marvin

NC

28173

_____ - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

704

843

2204

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Brandy Stacks _____

Mailing Address

801 Pennsylvania Ave. NW _____

Suite 325 _____

Washington _____ DC 20004 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer _____

Telephone number 202 - 783 - 8617

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C [_____]