



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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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 .....	22363.50									
(c) Total Receipts (from Line 19) .....	3471.50	24555.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	25835.00	40335.00								
7. Total Disbursements (from Line 31) .....	0.00	14500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25835.00	25835.00								
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: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2965.00	15115.00
(ii) Unitemized .....	506.50	9440.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3471.50	24555.50
(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) .....	3471.50	24555.50
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)) .....	3471.50	24555.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3471.50	24555.50

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

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	3471.50	24555.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3471.50	24555.50
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 / 34

(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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2010

**Transaction ID:** F2FDA50606A5F754606

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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 30 / 2010

**Transaction ID:** A658FA8F15B0F79911E

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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 15 / 2010

**Transaction ID:** 95537910B67EF562D74

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 / 34  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Millennium Pharmaceuticals Inc. PAC

**A.**

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

Mailing Address 710 Conesus Lane

City State Zip Code  
Winter Springs FL 32708

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 20101129125559-46

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 710 Conesus Lane

City State Zip Code  
Winter Springs FL 32708

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 2010112913059-46

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 710 Conesus Lane

City State Zip Code  
Winter Springs FL 32708

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 20101129125544-45

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 9 / 34  
(check only one)

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

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

**A.**

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code  
Land O Lakes FL 34639-4439

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 20101129125559-9

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code  
Land O Lakes FL 34639-4439

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 2010112913059-9

Amount of Each Receipt this Period  
25.00

**C.**

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code  
Land O Lakes FL 34639-4439

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

**Transaction ID:** 20101129125544-9

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin Carlin  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608  
 Date of Receipt 10 / 15 / 2010  
**Transaction ID:** 20101129125559-32  
 Amount of Each Receipt this Period 105.00  
 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 ▼ 2205.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Carlin  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608  
 Date of Receipt 10 / 30 / 2010  
**Transaction ID:** 2010112913059-32  
 Amount of Each Receipt this Period 105.00  
 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 ▼ 2205.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Carlin  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608  
 Date of Receipt 11 / 15 / 2010  
**Transaction ID:** 20101129125544-31  
 Amount of Each Receipt this Period 105.00  
 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 ▼ 2205.00

**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 11 / 34

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City State Zip Code  
Penfield NY 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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 15 / 2010

**Transaction ID:** 20101129125559-27

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City State Zip Code  
Penfield NY 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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 30 / 2010

**Transaction ID:** 2010112913059-27

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City State Zip Code  
Penfield NY 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 ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 15 / 2010

**Transaction ID:** 20101129125544-26

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 12 / 34
	<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) Laura De La Garza	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address P.O. Box 21300	<b>Transaction ID:</b> 20101129125544-13
	City State Zip Code Bedford TX 76095	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra DiCesare	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 4 Shelly Ln	<b>Transaction ID:</b> 20101129125559-29
	City State Zip Code Westford MA 01886-4522	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra DiCesare	Date of Receipt MM / DD / YYYY 10 / 30 / 2010
	Mailing Address 4 Shelly Ln	<b>Transaction ID:</b> 2010112913059-29
	City State Zip Code Westford MA 01886-4522	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<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 13 / 34  
(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 Ln

City State Zip Code  
Westford MA 01886-4522

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 ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2010

**Transaction ID:** 20101129125544-28

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 8 Highmeadow Rd

City State Zip Code  
Weston MA 02493-1941

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 ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2010

**Transaction ID:** 20101129125559-33

Amount of Each Receipt this Period  
200.00

**C.**

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

Mailing Address 8 Highmeadow Rd

City State Zip Code  
Weston MA 02493-1941

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 ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2010

**Transaction ID:** 2010112913059-33

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 14 / 34  
(check only one)

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

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

**A.**

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

Mailing Address 8 Highmeadow Rd

City State Zip Code  
Weston MA 02493-1941

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 ▼ 4200.00

Date of Receipt 11 / 15 / 2010

**Transaction ID:** 20101129125544-32

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Tom Fussaro

Mailing Address 1401 H St NW

City State Zip Code  
Washington DC 20005-2110

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Assoc. Dir. Fed Govt Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2010

**Transaction ID:** 20101129125544-19

Amount of Each Receipt this Period 10.00

**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 ▼ 420.00

Date of Receipt 10 / 15 / 2010

**Transaction ID:** 20101129125559-25

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 34  
(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 ▼ 420.00

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

**Transaction ID:** 2010112913059-25

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 ▼ 420.00

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

**Transaction ID:** 20101129125544-24

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code  
Bham AL 35242

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** 20101129125559-28

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **70.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<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	

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) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Bham	AL	35242
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2010112913059-28
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology 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"/> 30.00
		<input type="text"/> 630.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lynne Hunt		Date of Receipt
	Mailing Address 2029 Cahaba Crest Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Bham	AL	35242
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20101129125544-27
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology 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"/> 30.00
		<input type="text"/> 630.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Hyden		Date of Receipt
	Mailing Address 18618 Irvine Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	Lakeville	MN	55044
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20101129125544-14
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Area Director	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"/> 10.00
		<input type="text"/> 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 70.00
<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 17 / 34  
(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 ▼ 1050.00

Date of Receipt: 10 / 15 / 2010  
**Transaction ID:** 20101129125559-30  
 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 ▼ 1050.00

Date of Receipt: 10 / 30 / 2010  
**Transaction ID:** 2010112913059-30  
 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 ▼ 1050.00

Date of Receipt: 11 / 15 / 2010  
**Transaction ID:** 20101129125544-29  
 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 18 / 34  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 20101129125559-21
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

**B.**

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 10 / 30 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 2010112913059-21
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

**C.**

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 11 / 15 / 2010
Mailing Address 2639 Pointewood Loop		<b>Transaction ID:</b> 20101129125544-20
City Galena	State OH	Zip Code 43021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

<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: <span style="float: right;">PAGE 19 / 34</span>
	(check only one)
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan McFadden	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 855 La Mirada St	<b>Transaction ID:</b> 20101129125544-15
	City Laguna Beach State CA Zip Code 92651	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> EC83352BFE4A66A9A14
	City Cambridge State MA Zip Code 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 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 10 / 30 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> 9EB16E9268A21CD3994
	City Cambridge State MA Zip Code 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 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</b>
<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 20 / 34
	<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) Isabelle Mercier	Date of Receipt MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 350th Third St. #1008	<b>Transaction ID:</b> 23A26D0C119B0D2AA2D
	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 ▼ 525.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amy Modean	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 8312 Deer Pond Trail N	<b>Transaction ID:</b> 20101130104026-12
	City State Zip Code Lake Elmo MN 55042	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy Modean	Date of Receipt MM / DD / YYYY 10 / 30 / 2010
	Mailing Address 8312 Deer Pond Trail N	<b>Transaction ID:</b> 20101130104026-10
	City State Zip Code Lake Elmo MN 55042	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<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 21 / 34  
(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 ▼ 350.00

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

**Transaction ID:** 20101130104026-11

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Karen Odierna

Mailing Address 5586 Modena PI

City State Zip Code  
Sarasota FL 34238

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 ▼ 210.00

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

**Transaction ID:** 20101129125544-16

Amount of Each Receipt this Period  
10.00

**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 ▼ 630.00

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

**Transaction ID:** 20101129125559-22

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 34  
(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 ▼ 630.00

Date of Receipt

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

Transaction ID: 2010112913059-22

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 ▼ 630.00

Date of Receipt

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

Transaction ID: 20101129125544-21

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Marc Peart

Mailing Address 17945 Stillmore St

City State Zip Code  
Canyon Country CA 91387

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 ▼ 210.00

Date of Receipt

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

Transaction ID: 20101129125544-17

Amount of Each Receipt this Period

10.00

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

70.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 34  
(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)  
Joe Regan

Mailing Address 3 Legion Rd

City State Zip Code  
Weston MA 02493-2119

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 ▼ 1050.00

Date of Receipt

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

Transaction ID: 20101129125559-31

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 3 Legion Rd

City State Zip Code  
Weston MA 02493-2119

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 ▼ 1050.00

Date of Receipt

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

Transaction ID: 2010112913059-31

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 3 Legion Rd

City State Zip Code  
Weston MA 02493-2119

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 ▼ 1050.00

Date of Receipt

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

Transaction ID: 20101129125544-30

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 24 / 34
	<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) Sara Riedel	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 4530 Promenade Lane	<b>Transaction ID:</b> 20101129125559-36
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 20.00
	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 ▼ 420.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sara Riedel	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Mailing Address 4530 Promenade Lane	<b>Transaction ID:</b> 2010112913059-36
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 20.00
	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 ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sara Riedel	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 4530 Promenade Lane	<b>Transaction ID:</b> 20101129125544-35
	City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 20.00
	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 ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<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 25 / 34  
(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 ▼ 630.00

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

**Transaction ID:** 20101129125559-23

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 ▼ 630.00

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

**Transaction ID:** 2010112913059-23

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 ▼ 630.00

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

**Transaction ID:** 20101129125544-22

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 26 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 4530 Promenade Ln	<b>Transaction ID:</b> 5D06A163058F40E69A1
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0
	Mailing Address 4530 Promenade Ln	<b>Transaction ID:</b> 56FCF40392029EB3C0C
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 4530 Promenade Ln	<b>Transaction ID:</b> 338EADCF01FC864D100
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

<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 27 / 34  
(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 Rush

Mailing Address 7331 Booth

City Praire Village State KS Zip Code 66208

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101130104026-3

Amount of Each Receipt this Period  
 25.00

**B.**

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

Mailing Address 7331 Booth

City Praire Village State KS Zip Code 66208

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101130104026-1

Amount of Each Receipt this Period  
 25.00

**C.**

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

Mailing Address 7331 Booth

City Praire Village State KS Zip Code 66208

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101130104026-2

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 28 / 34  
(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)  
Pamela Schneider

Mailing Address 34 Woburn Abbey Ave

City State Zip Code  
Camp Hill PA 17011

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 ▼ 210.00

Date of Receipt  /  /   
**Transaction ID:** 20101129125544-18  
 Amount of Each Receipt this Period 10.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Slomka

Mailing Address 206 Forest Knoell Ct

City State Zip Code  
Fishers IN 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 ▼ 400.00

Date of Receipt  /  /   
**Transaction ID:** 20101129125559-50  
 Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Slomka

Mailing Address 206 Forest Knoell Ct

City State Zip Code  
Fishers IN 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 ▼ 400.00

Date of Receipt  /  /   
**Transaction ID:** 2010112913059-50  
 Amount of Each Receipt this Period 25.00

**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 29 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Slomka		Date of Receipt MM / DD / YYYY 11 / 15 / 2010		
	Mailing Address 206 Forest Knoell Ct		<b>Transaction ID:</b> 20101129125544-49		
	City Fishers	State IN	Zip Code 46037	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Regional Sales Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Vages		Date of Receipt MM / DD / YYYY 10 / 15 / 2010		
	Mailing Address 12 Thornfield Lane		<b>Transaction ID:</b> 20101130104026-15		
	City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Vages		Date of Receipt MM / DD / YYYY 10 / 30 / 2010		
	Mailing Address 12 Thornfield Lane		<b>Transaction ID:</b> 20101130104026-13		
	City Hawthorn Woods	State IL	Zip Code 60047	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 350.00			

<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: (check only one)	PAGE 30 / 34
	<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 MM / DD / YYYY 11 / 15 / 2010
	Mailing Address 12 Thornfield Lane	<b>Transaction ID:</b> 20101130104026-14
	City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 350.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Wadlinger	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 19 Holly Ridge Rd	<b>Transaction ID:</b> 20101129125559-24
	City State Zip Code North Andover MA 01845-4732	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 630.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Wadlinger	Date of Receipt MM / DD / YYYY 10 / 30 / 2010
	Mailing Address 19 Holly Ridge Rd	<b>Transaction ID:</b> 2010112913059-24
	City State Zip Code North Andover MA 01845-4732	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 630.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	85.00
<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 / 34  
(check only one)

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

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

**A.**

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

Mailing Address 19 Holly Ridge Rd

City North Andover State MA Zip Code 01845-4732

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 ▼ 630.00

Date of Receipt 11 / 15 / 2010

**Transaction ID:** 20101129125544-23

Amount of Each Receipt this Period 30.00

**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 ▼ 525.00

Date of Receipt 10 / 15 / 2010

**Transaction ID:** 3D32781264D7432381B

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 ▼ 525.00

Date of Receipt 10 / 30 / 2010

**Transaction ID:** 7CB02A4B79E5B1991D9

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 32 / 34  
(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 ▼ 525.00

Date of Receipt 11 / 15 / 2010

**Transaction ID:** 1C3E132AB0D665DF969

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 ▼ 525.00

Date of Receipt 10 / 15 / 2010

**Transaction ID:** 20101129125559-45

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 ▼ 525.00

Date of Receipt 10 / 30 / 2010

**Transaction ID:** 2010112913059-45

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 33 / 34  
(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 ▼ 525.00

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

**Transaction ID:** 20101129125544-44

Amount of Each Receipt this Period  
25.00

**B.**

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

Mailing Address 57 Christian Way

City State Zip Code  
North Andover MA 01845-2233

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 ▼ 420.00

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

**Transaction ID:** 20101129125559-26

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 01845-2233

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 ▼ 420.00

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

**Transaction ID:** 2010112913059-26

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **65.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

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

Mailing Address 57 Christian Way

City State Zip Code  
North Andover MA 01845-2233

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 ▼  
420.00

Date of Receipt

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

Transaction ID: 20101129125544-25

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2965.00