

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Millennium Pharmaceuticals Inc. PAC

ADDRESS (number and street) 750 Ninth Street, NW

Check if different than previously reported. (ACC) Suite 575

Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** ▼ C C00407460 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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 Year-End 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 M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011

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 Liz Lewis *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="28478.50"/>	<input type="text" value="28478.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36322.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12544.00"/>	<input type="text" value="25888.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="48866.50"/>	<input type="text" value="54366.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4000.00"/>	<input type="text" value="9500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44866.50"/>	<input type="text" value="44866.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	10863.00	17158.00
(ii) Unitemized	1681.00	8730.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12544.00	25888.00
(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)	12544.00	25888.00
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 Transfers (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))..... ▶	12544.00	25888.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12544.00	25888.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	4000.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	4000.00	9500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	9500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	12544.00	25888.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12544.00	25888.00
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: (check only one)	PAGE 6 OF 109
<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. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt **07 / 15 / 2011**

Transaction ID : 20120124173930-43

Amount of Each Receipt this Period **25.00**

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

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt **07 / 31 / 2011**

Transaction ID : 20120124173830-43

Amount of Each Receipt this Period **25.00**

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

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt **08 / 15 / 2011**

Transaction ID : 20120124173915-43

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 7 OF 109
<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

Full Name (Last, First, Middle Initial) A. John Billias		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : 2012012417388-43
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John Billias		Date of Receipt MM / DD / YYYY 09 / 15 / 2011 Transaction ID : 20120124173845-43
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. John Billias		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : 2012012417390-43
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
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 ▼ 600.00	

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 8 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. John Billias		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2011 Transaction ID : 20120123175230-1
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Health Systems Manager		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Billias		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : 20120123175230-2
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Health Systems Manager		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Billias		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120123175230-3
Mailing Address 130 Sankernando Lane		Amount of Each Receipt this Period 25.00
City East Amherst	State NY	Zip Code 14051
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Health Systems Manager		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 OF 109
	<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. John Billias
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : 2012012418746-7

Amount of Each Receipt this Period
25.00

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

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 20120123175230-4

Amount of Each Receipt this Period
25.00

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

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : 20120123175230-5

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 OF 109
(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

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-47

Amount of Each Receipt this Period
25.00

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-47

Amount of Each Receipt this Period
25.00

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-47

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 109
(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

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-47

Amount of Each Receipt this Period
25.00

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-47

Amount of Each Receipt this Period
25.00

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-47

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Kelly Bodiford			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2011 Transaction ID : 2012012017250-47		
Mailing Address 710 Conesus Ln			Amount of Each Receipt this Period 25.00		
City Winter Springs	State FL	Zip Code 32708-5519			
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 ▼ 600.00				

Full Name (Last, First, Middle Initial) B. Kelly Bodiford			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : 20120120172514-47		
Mailing Address 710 Conesus Ln			Amount of Each Receipt this Period 25.00		
City Winter Springs	State FL	Zip Code 32708-5519			
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 ▼ 600.00				

Full Name (Last, First, Middle Initial) C. Kelly Bodiford			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-47		
Mailing Address 710 Conesus Ln			Amount of Each Receipt this Period 25.00		
City Winter Springs	State FL	Zip Code 32708-5519			
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 ▼ 600.00				

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 13 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Kelly Bodiford		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-47
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Kelly Bodiford		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-46
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Kelly Bodiford		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-46
Mailing Address 710 Conesus Ln		Amount of Each Receipt this Period 25.00
City Winter Springs	State FL	Zip Code 32708-5519
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 109
	<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. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 07 / 15 / 2011
Transaction ID : 20120124173930-20
Amount of Each Receipt this Period 25.00

B. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 07 / 31 / 2011
Transaction ID : 20120124173830-20
Amount of Each Receipt this Period 25.00

C. Jennifer Boldizar
Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 08 / 15 / 2011
Transaction ID : 20120124173915-20
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 15 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 2012012417388-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 20120124173845-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 2012012417390-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 2012012017250-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 20120120172514-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Land O Lakes State FL Zip Code 34639-4439		Transaction ID : 20120120172530-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20120120172545-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20120120172425-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Boldizar		Date of Receipt
Mailing Address 3618 Swans Landing Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City State Zip Code Land O Lakes FL 34639-4439		Transaction ID : 20120120172444-20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
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 ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : 20120124173930-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) B. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2011 Transaction ID : 20120124173830-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) C. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2011 Transaction ID : 20120124173915-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

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 19 OF 109
(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. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-19
 Amount of Each Receipt this Period
 105.00

B. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-19
 Amount of Each Receipt this Period
 105.00

C. Kevin Carlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 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 ▼ 2520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-19
 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 20 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

Full Name (Last, First, Middle Initial) A. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2011 Transaction ID : 2012012017250-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) B. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : 20120120172514-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) C. Kevin Carlin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	Zip Code 27608-2107
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

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 21 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	
Zip Code 27608-2107		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) B. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	
Zip Code 27608-2107		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) C. Kevin Carlin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-19
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
City Raleigh	State NC	
Zip Code 27608-2107		
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

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 22 OF 109
	<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. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

Transaction ID : 20120124173930-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2011

Transaction ID : 20120124173830-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 20120124173915-12

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 23 OF 109
	<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. Patrick Connelly
Full Name (Last, First, Middle Initial)

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : 2012012417388-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : 20120124173845-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : 2012012417390-12

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 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Patrick Connelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2011
Mailing Address 4 Oatsfield Cir		Transaction ID : 2012012017250-12
City Penfield	State NY	Zip Code 14526-9554
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) B. Patrick Connelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011
Mailing Address 4 Oatsfield Cir		Transaction ID : 20120120172514-12
City Penfield	State NY	Zip Code 14526-9554
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) C. Patrick Connelly		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011
Mailing Address 4 Oatsfield Cir		Transaction ID : 20120120172530-12
City Penfield	State NY	Zip Code 14526-9554
FEC ID number of contributing federal political committee.	C	
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
		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 25 OF 109
	<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

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 20120120172545-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120120172425-12

Amount of Each Receipt this Period
50.00

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

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : 20120120172444-12

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 26 OF 109
	<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

A. Laura De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21150

City Bedford	State TX	Zip Code 76095
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120120172530-15

Amount of Each Receipt this Period

10.00

B. Laura De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21150

City Bedford	State TX	Zip Code 76095
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 20120120172545-15

Amount of Each Receipt this Period

10.00

C. Laura De La Garza
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21150

City Bedford	State TX	Zip Code 76095
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120120172425-15

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Laura De La Garza
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21150
 City State Zip Code
 Bedford TX 76095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-15
 Amount of Each Receipt this Period
 100.00

B. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-2
 Amount of Each Receipt this Period
 50.00

C. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-2
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-2

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-2

Amount of Each Receipt this Period
 50.00

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-2

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 29 OF 109
(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

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ **1200.00**

Date of Receipt **09 / 30 / 2011**
Transaction ID : 2012012417390-2

Amount of Each Receipt this Period **50.00**

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ **1200.00**

Date of Receipt **10 / 15 / 2011**
Transaction ID : 2012012017250-2

Amount of Each Receipt this Period **50.00**

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

Mailing Address 4 Shelly Ln

City Westford State MA Zip Code 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 ▼ **1200.00**

Date of Receipt **10 / 31 / 2011**
Transaction ID : 20120120172514-2

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 30 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Sandra DiCesare			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-2		
Mailing Address 4 Shelly Ln			Amount of Each Receipt this Period 50.00		
City Westford	State MA	Zip Code 01886-4522			
FEC ID number of contributing federal political committee. C					
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 ▼ 1200.00			

Full Name (Last, First, Middle Initial) B. Sandra DiCesare			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-2		
Mailing Address 4 Shelly Ln			Amount of Each Receipt this Period 50.00		
City Westford	State MA	Zip Code 01886-4522			
FEC ID number of contributing federal political committee. C					
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 ▼ 1200.00			

Full Name (Last, First, Middle Initial) C. Sandra DiCesare			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-2		
Mailing Address 4 Shelly Ln			Amount of Each Receipt this Period 50.00		
City Westford	State MA	Zip Code 01886-4522			
FEC ID number of contributing federal political committee. C					
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 ▼ 1200.00			

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 31 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sandra DiCesare
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Shelly Ln
 City Westford State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-2
 Amount of Each Receipt this Period
 50.00

B. Deborah Dunsire
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highmeadow Rd
 City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-16
 Amount of Each Receipt this Period
 200.00

C. Deborah Dunsire
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highmeadow Rd
 City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-16
 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: (check only one)	PAGE 32 OF 109
	<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. Deborah Dunsire
Full Name (Last, First, Middle Initial)

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-16

Amount of Each Receipt this Period
 200.00

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

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-16

Amount of Each Receipt this Period
 200.00

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

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-16

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: (check only one)	PAGE 33 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Deborah Dunsire
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highmeadow Rd
 City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-16
 Amount of Each Receipt this Period
 200.00

B. Deborah Dunsire
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highmeadow Rd
 City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011
Transaction ID : 2012012017250-16
 Amount of Each Receipt this Period
 200.00

C. Deborah Dunsire
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highmeadow Rd
 City Weston State MA Zip Code 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 ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120120172514-16
 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 34 OF 109
(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

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

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ **4800.00**

Date of Receipt
11 / 15 / 2011
Transaction ID : 20120120172530-16

Amount of Each Receipt this Period
200.00

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

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ **4800.00**

Date of Receipt
11 / 30 / 2011
Transaction ID : 20120120172545-16

Amount of Each Receipt this Period
200.00

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

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 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 ▼ **4800.00**

Date of Receipt
12 / 15 / 2011
Transaction ID : 20120120172425-16

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: (check only one)	PAGE 35 OF 109
<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

Full Name (Last, First, Middle Initial) A. Deborah Dunsire		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-16
Mailing Address 8 Highmeadow Rd		Amount of Each Receipt this Period 200.00
City Weston	State MA	Zip Code 02493-1941
FEC ID number of contributing federal political committee. C	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 ▼ 4800.00	

Full Name (Last, First, Middle Initial) B. Eleda Espinoza		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120123175230-8
Mailing Address 21 Meadowview Dr		Amount of Each Receipt this Period 10.00
City Phillipsburg	State NJ	Zip Code 08865-7303
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Eleda Espinoza		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 2012012418746-3
Mailing Address 21 Meadowview Dr		Amount of Each Receipt this Period 10.00
City Phillipsburg	State NJ	Zip Code 08865-7303
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 OF 109
(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. Eleda Espinoza
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Meadowview Dr
 City Phillipsburg State NJ Zip Code 08865-7303
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120123175230-9
 Amount of Each Receipt this Period
 10.00

B. Eleda Espinoza
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Meadowview Dr
 City Phillipsburg State NJ Zip Code 08865-7303
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120123175230-10
 Amount of Each Receipt this Period
 10.00

C. Tom Fussaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H Street, NW
 City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120120172530-39
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 109
(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. Tom Fussaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H Street, NW
 City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 20120120172545-39
 Amount of Each Receipt this Period
 10.00

B. Tom Fussaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H Street, NW
 City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-39
 Amount of Each Receipt this Period
 10.00

C. Tom Fussaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 H Street, NW
 City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-39
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 109
(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

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

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ **480.00**

Date of Receipt
07 / 15 / 2011
Transaction ID : 20120124173930-33

Amount of Each Receipt this Period
20.00

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

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ **480.00**

Date of Receipt
07 / 31 / 2011
Transaction ID : 20120124173830-33

Amount of Each Receipt this Period
20.00

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

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ **480.00**

Date of Receipt
08 / 15 / 2011
Transaction ID : 20120124173915-33

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 39 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-33
 Amount of Each Receipt this Period
 20.00

B. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-33
 Amount of Each Receipt this Period
 20.00

C. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-33
 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 40 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011
Transaction ID : 2012012017250-33
 Amount of Each Receipt this Period
 20.00

B. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120120172514-33
 Amount of Each Receipt this Period
 20.00

C. James Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Avalon Way
 City Altamont State NY Zip Code 12009-3720
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120120172530-33
 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: (check only one)	PAGE 41 OF 109
	<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. James Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 20120120172545-33

Amount of Each Receipt this Period
 20.00

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

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-33

Amount of Each Receipt this Period
 20.00

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

Mailing Address 4 Avalon Way

City Altamont State NY Zip Code 12009-3720

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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-33

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: (check only one)	PAGE 42 OF 109
	<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. Joyce Kinsey
Full Name (Last, First, Middle Initial)

Mailing Address 1691 Baltimore Annapolis Blvd

City Arnold	State MD	Zip Code 21012-2543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120123175230-13

Amount of Each Receipt this Period

10.00

B. Joyce Kinsey
Full Name (Last, First, Middle Initial)

Mailing Address 1691 Baltimore Annapolis Blvd

City Arnold	State MD	Zip Code 21012-2543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 2012012418746-10

Amount of Each Receipt this Period

10.00

C. Joyce Kinsey
Full Name (Last, First, Middle Initial)

Mailing Address 1691 Baltimore Annapolis Blvd

City Arnold	State MD	Zip Code 21012-2543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120123175230-14

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joyce Kinsey
Full Name (Last, First, Middle Initial)

Mailing Address 1691 Baltimore Annapolis Blvd

City Arnold	State MD	Zip Code 21012-2543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120123175230-15

Amount of Each Receipt this Period
 100.00

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

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-4

Amount of Each Receipt this Period
 50.00

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

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-4

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 44 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-4
 Amount of Each Receipt this Period
 50.00

B. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-4
 Amount of Each Receipt this Period
 50.00

C. Elizabeth Lewis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-4
 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 45 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial) A. Elizabeth Lewis		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 Transaction ID : 2012012417390-4
Mailing Address 32 Cressbrook Rd		Amount of Each Receipt this Period 50.00
City Concord	State MA	
Zip Code 01742-5304		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Lewis		Date of Receipt MM / DD / YYYY 10 / 15 / 2011 Transaction ID : 2012012017250-4
Mailing Address 32 Cressbrook Rd		Amount of Each Receipt this Period 50.00
City Concord	State MA	
Zip Code 01742-5304		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Lewis		Date of Receipt MM / DD / YYYY 10 / 31 / 2011 Transaction ID : 20120120172514-4
Mailing Address 32 Cressbrook Rd		Amount of Each Receipt this Period 50.00
City Concord	State MA	
Zip Code 01742-5304		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

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 46 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Elizabeth Lewis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011
Mailing Address 32 Cressbrook Rd		Transaction ID : 20120120172530-4
City Concord	State MA	Zip Code 01742-5304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Elizabeth Lewis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011
Mailing Address 32 Cressbrook Rd		Transaction ID : 20120120172545-4
City Concord	State MA	Zip Code 01742-5304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Lewis		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2011
Mailing Address 32 Cressbrook Rd		Transaction ID : 20120120172425-4
City Concord	State MA	Zip Code 01742-5304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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 ▼ 1200.00	

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 47 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Elizabeth Lewis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-4
Mailing Address 32 Cressbrook Rd		Amount of Each Receipt this Period 80.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Sabina McCafferty		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2011 Transaction ID : 20120124173830-35
Mailing Address 2639 Pointewood Loop		Amount of Each Receipt this Period 15.00
City Galena	State OH	Zip Code 43021-8577
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Sabina McCafferty		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2011 Transaction ID : 20120124173915-35
Mailing Address 2639 Pointewood Loop		Amount of Each Receipt this Period 15.00
City Galena	State OH	Zip Code 43021-8577
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 ▼ 360.00	

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 48 OF 109
	<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. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : 2012012417388-35

Amount of Each Receipt this Period

15.00

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : 20120124173845-35

Amount of Each Receipt this Period

15.00

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : 2012012417390-35

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 109
	<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. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : 2012012017250-35

Amount of Each Receipt this Period

15.00

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : 20120120172514-35

Amount of Each Receipt this Period

15.00

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120120172530-35

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 109
	<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. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 20120120172545-35

Amount of Each Receipt this Period

15.00

B. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120120172425-35

Amount of Each Receipt this Period

15.00

C. Sabina McCafferty
Full Name (Last, First, Middle Initial)
Mailing Address 2639 Pointewood Loop

City Galena	State OH	Zip Code 43021-8577
----------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Health Systems Manager
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : 20120120172444-35

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Susan McFadden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-14
Mailing Address 855 La Mirada St		Amount of Each Receipt this Period 10.00
City Laguna Beach	State Zip Code CA 92651-3752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Susan McFadden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-14
Mailing Address 855 La Mirada St		Amount of Each Receipt this Period 10.00
City Laguna Beach	State Zip Code CA 92651-3752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Susan McFadden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-14
Mailing Address 855 La Mirada St		Amount of Each Receipt this Period 10.00
City Laguna Beach	State Zip Code CA 92651-3752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 109
	<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. Susan McFadden
Full Name (Last, First, Middle Initial)

Mailing Address 855 La Mirada St

City Laguna Beach State CA Zip Code 92651-3752

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : 20120120172444-14

Amount of Each Receipt this Period
10.00

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

Mailing Address 350th Third St. #1008

City Cambridge State MA Zip Code 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : 20120124173930-41

Amount of Each Receipt this Period
25.00

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

Mailing Address 350th Third St. #1008

City Cambridge State MA Zip Code 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2011

Transaction ID : 20120124173830-41

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: (check only one)	PAGE 53 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 15 / 2011
Transaction ID : 20120124173915-41
 Amount of Each Receipt this Period
 25.00

B. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 08 / 31 / 2011
Transaction ID : 2012012417388-41
 Amount of Each Receipt this Period
 25.00

C. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 15 / 2011
Transaction ID : 20120124173845-41
 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 54 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 30 / 2011
Transaction ID : 2012012417390-41
 Amount of Each Receipt this Period
 25.00

B. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 10 / 15 / 2011
Transaction ID : 20120123175230-16
 Amount of Each Receipt this Period
 25.00

C. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 10 / 31 / 2011
Transaction ID : 20120123175230-17
 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 55 OF 109
	<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. Isabelle Mercier
Full Name (Last, First, Middle Initial)

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
-------------------	-------------	-------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120123175230-18

Amount of Each Receipt this Period

25.00

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

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
-------------------	-------------	-------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 2012012418746-5

Amount of Each Receipt this Period

25.00

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

Mailing Address 350th Third St. #1008

City Cambridge	State MA	Zip Code 02142
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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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120123175230-19

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Isabelle Mercier
 Full Name (Last, First, Middle Initial)
 Mailing Address 350th Third St. #1008
 City Cambridge State MA Zip Code 02142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120123175230-20
 Amount of Each Receipt this Period
 25.00

B. Amy Modean
 Full Name (Last, First, Middle Initial)
 Mailing Address 8312 Deer Pond Trl N
 City Lake Elmo State MN Zip Code 55042-9523
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-44
 Amount of Each Receipt this Period
 25.00

C. Amy Modean
 Full Name (Last, First, Middle Initial)
 Mailing Address 8312 Deer Pond Trl N
 City Lake Elmo State MN Zip Code 55042-9523
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-44
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 109
(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

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-44

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-44

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-44

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 58 OF 109
	<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

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 2012012417390-44

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2011

Transaction ID : 20120123175230-21

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 20120123175230-22

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: (check only one)	PAGE 59 OF 109
	<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

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : 20120123175230-23

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011

Transaction ID : 2012012418746-8

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City Lake Elmo State MN Zip Code 55042-9523

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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 20120123175230-24

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 60 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Amy Modean

Mailing Address 8312 Deer Pond Trl N

City State Zip Code
Lake Elmo MN 55042-9523

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2011
Transaction ID : 20120123175230-25

Amount of Each Receipt this Period
25.00

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

Mailing Address 5586 Modena PI

City State Zip Code
Sarasota FL 34238-6210

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : 20120120172530-9

Amount of Each Receipt this Period
10.00

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

Mailing Address 5586 Modena PI

City State Zip Code
Sarasota FL 34238-6210

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 20120120172545-9

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Karen Odierna		Date of Receipt 12 / 15 / 2011 Transaction ID : 20120120172425-9
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	
Zip Code 34238-6210		Aggregate Year-to-Date ▼ 240.00
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) ▼

Full Name (Last, First, Middle Initial) B. Karen Odierna		Date of Receipt 12 / 31 / 2011 Transaction ID : 20120120172444-9
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	
Zip Code 34238-6210		Aggregate Year-to-Date ▼ 240.00
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) ▼

Full Name (Last, First, Middle Initial) C. Marc Peart		Date of Receipt 11 / 15 / 2011 Transaction ID : 20120120172530-37
Mailing Address 17945 Stillmore St		Amount of Each Receipt this Period 10.00
City Canyon Country	State CA	
Zip Code 91387-3516		Aggregate Year-to-Date ▼ 240.00
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) ▼

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marc Peart
 Full Name (Last, First, Middle Initial)
 Mailing Address 17945 Stillmore St
 City Canyon Country State CA Zip Code 91387-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 20120120172545-37
 Amount of Each Receipt this Period
 10.00

B. Marc Peart
 Full Name (Last, First, Middle Initial)
 Mailing Address 17945 Stillmore St
 City Canyon Country State CA Zip Code 91387-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-37
 Amount of Each Receipt this Period
 10.00

C. Marc Peart
 Full Name (Last, First, Middle Initial)
 Mailing Address 17945 Stillmore St
 City Canyon Country State CA Zip Code 91387-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-37
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 OF 109
(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

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
1200.00

Date of Receipt
07 / 15 / 2011
Transaction ID : 20120124173930-30

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
1200.00

Date of Receipt
07 / 31 / 2011
Transaction ID : 20120124173830-30

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
1200.00

Date of Receipt
08 / 15 / 2011
Transaction ID : 20120124173915-30

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 109
(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. Joe Regan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Legion Rd
 City Weston State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-30
 Amount of Each Receipt this Period
 50.00

B. Joe Regan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Legion Rd
 City Weston State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-30
 Amount of Each Receipt this Period
 50.00

C. Joe Regan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Legion Rd
 City Weston State MA Zip Code 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-30
 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 65 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 3 Legion Rd

City Weston	State MA	Zip Code 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 2012012017250-30

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 Legion Rd

City Weston	State MA	Zip Code 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011

Transaction ID : 20120120172514-30

Amount of Each Receipt this Period
50.00

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

Mailing Address 3 Legion Rd

City Weston	State MA	Zip Code 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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : 20120120172530-30

Amount of Each Receipt this Period
50.00

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

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

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

FOR LINE NUMBER: PAGE 66 OF 109
(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

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 20120120172545-30

Amount of Each Receipt this Period
 50.00

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-30

Amount of Each Receipt this Period
 50.00

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 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 ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-30

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 67 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Sara Riedel		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : 20120124173930-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Amount of Each Receipt this Period 480.00
FEC ID number of contributing federal political committee. C	Occupation Sr. Oncology Sales Specialist	
Name of Employer Millennium Pharmaceuticals Inc.	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sara Riedel		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 Transaction ID : 20120124173830-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Amount of Each Receipt this Period 480.00
FEC ID number of contributing federal political committee. C	Occupation Sr. Oncology Sales Specialist	
Name of Employer Millennium Pharmaceuticals Inc.	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sara Riedel		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : 20120124173915-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Amount of Each Receipt this Period 480.00
FEC ID number of contributing federal political committee. C	Occupation Sr. Oncology Sales Specialist	
Name of Employer Millennium Pharmaceuticals Inc.	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 68 OF 109
(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. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-29
 Amount of Each Receipt this Period
 20.00

B. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-29
 Amount of Each Receipt this Period
 20.00

C. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City State Zip Code
 Boca Raton FL 33428-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-29
 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 69 OF 109
(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. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011
Transaction ID : 2012012017250-29
 Amount of Each Receipt this Period
 20.00

B. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120120172514-29
 Amount of Each Receipt this Period
 20.00

C. Sara Riedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 22370 Cypress Wood Ln
 City Boca Raton State FL Zip Code 33428-3845
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120120172530-29
 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: (check only one)	PAGE 70 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Sara Riedel		Date of Receipt 11 / 30 / 2011 Transaction ID : 20120120172545-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Aggregate Year-to-Date ▼ 480.00
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) ▼

Full Name (Last, First, Middle Initial) B. Sara Riedel		Date of Receipt 12 / 15 / 2011 Transaction ID : 20120120172425-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Aggregate Year-to-Date ▼ 480.00
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) ▼

Full Name (Last, First, Middle Initial) C. Sara Riedel		Date of Receipt 12 / 31 / 2011 Transaction ID : 20120120172444-29
Mailing Address 22370 Cypress Wood Ln		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	
Zip Code 33428-3845		Aggregate Year-to-Date ▼ 480.00
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) ▼

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 71 OF 109
(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

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

Mailing Address 29655 Fran Drive

City Evergreen State CO Zip Code 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2011

Transaction ID : 20120124173830-17

Amount of Each Receipt this Period
15.00

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

Mailing Address 29655 Fran Drive

City Evergreen State CO Zip Code 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : 20120124173915-17

Amount of Each Receipt this Period
15.00

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

Mailing Address 29655 Fran Drive

City Evergreen State CO Zip Code 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : 2012012417388-17

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 109
	<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. Warren Rohal
Full Name (Last, First, Middle Initial)
Mailing Address 29655 Fran Drive

City Evergreen	State CO	Zip Code 80439
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : 20120124173845-17

Amount of Each Receipt this Period

15.00

B. Warren Rohal
Full Name (Last, First, Middle Initial)
Mailing Address 29655 Fran Drive

City Evergreen	State CO	Zip Code 80439
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : 2012012417390-17

Amount of Each Receipt this Period

15.00

C. Warren Rohal
Full Name (Last, First, Middle Initial)
Mailing Address 29655 Fran Drive

City Evergreen	State CO	Zip Code 80439
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : 2012012017250-17

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Warren Rohal			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : 20120120172514-17
Mailing Address 29655 Fran Drive			Amount of Each Receipt this Period 15.00
City Evergreen	State CO	Zip Code 80439	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00	
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) ▼			

Full Name (Last, First, Middle Initial) B. Warren Rohal			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-17
Mailing Address 29655 Fran Drive			Amount of Each Receipt this Period 15.00
City Evergreen	State CO	Zip Code 80439	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00	
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) ▼			

Full Name (Last, First, Middle Initial) C. Warren Rohal			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-17
Mailing Address 29655 Fran Drive			Amount of Each Receipt this Period 15.00
City Evergreen	State CO	Zip Code 80439	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 360.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 109
<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

Full Name (Last, First, Middle Initial) A. Warren Rohal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-17
Mailing Address 29655 Fran Drive		Amount of Each Receipt this Period 15.00
City Evergreen	State CO	Zip Code 80439
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Warren Rohal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-17
Mailing Address 29655 Fran Drive		Amount of Each Receipt this Period 15.00
City Evergreen	State CO	Zip Code 80439
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Thomas Rotte		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2011 Transaction ID : 20120124173930-42
Mailing Address 4530 Promenade Ln		Amount of Each Receipt this Period 25.00
City Sylvania	State OH	Zip Code 43560-2984
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	55.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 109
	<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. Thomas Rotte
Full Name (Last, First, Middle Initial)

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2011

Transaction ID : 20120124173830-42

Amount of Each Receipt this Period
25.00

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

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : 20120124173915-42

Amount of Each Receipt this Period
25.00

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

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : 2012012417388-42

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 76 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Thomas Rotte		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>15</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	15	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	15	/	2011								
Mailing Address 4530 Promenade Ln		Transaction ID : 20120124173845-42										
City Sylvania	State OH	Zip Code 43560-2984										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
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 ▼ 600.00											

Full Name (Last, First, Middle Initial) B. Thomas Rotte		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td>/</td> <td>30</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09	/	30	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
09	/	30	/	2011								
Mailing Address 4530 Promenade Ln		Transaction ID : 2012012417390-42										
City Sylvania	State OH	Zip Code 43560-2984										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
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 ▼ 600.00											

Full Name (Last, First, Middle Initial) C. Thomas Rotte		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>15</td> <td>/</td> <td>2011</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	15	/	2011
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	15	/	2011								
Mailing Address 4530 Promenade Ln		Transaction ID : 20120123175230-26										
City Sylvania	State OH	Zip Code 43560-2984										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
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 ▼ 600.00											

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 77 OF 109
	<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. Thomas Rotte
Full Name (Last, First, Middle Initial)

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011
Transaction ID : 20120123175230-27

Amount of Each Receipt this Period
25.00

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

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2011
Transaction ID : 20120123175230-28

Amount of Each Receipt this Period
25.00

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

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 Occupation
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 2012012418746-6

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 78 OF 109
(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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 15 / 2011
Transaction ID : 20120123175230-29

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 12 / 31 / 2011
Transaction ID : 20120123175230-30

Amount of Each Receipt this Period
 25.00

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

Mailing Address 7331 Booth St

City State Zip Code
 Prairie Village KS 66208-3358

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 07 / 15 / 2011
Transaction ID : 20120124173930-3

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 79 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Elizabeth Rush		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 Transaction ID : 20120124173830-3
Mailing Address 7331 Booth St		Amount of Each Receipt this Period 25.00
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Rush		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : 20120124173915-3
Mailing Address 7331 Booth St		Amount of Each Receipt this Period 25.00
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elizabeth Rush		Date of Receipt MM / DD / YYYY 08 / 31 / 2011 Transaction ID : 2012012417388-3
Mailing Address 7331 Booth St		Amount of Each Receipt this Period 25.00
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	
Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 80 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial) A. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120124173845-3
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2012012417390-3
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City Prairie Village	State KS	Zip Code 66208-3358
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 20120123175230-31
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City State Zip Code Prairie Village KS 66208-3358		Transaction ID : 20120123175230-32
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City State Zip Code Prairie Village KS 66208-3358		Transaction ID : 20120123175230-33
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Elizabeth Rush		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City State Zip Code Prairie Village KS 66208-3358		Transaction ID : 2012012418746-1
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 82 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Elizabeth Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 7331 Booth St
 City State Zip Code
 Prairie Village KS 66208-3358
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120123175230-34
 Amount of Each Receipt this Period
 25.00

B. Elizabeth Rush
 Full Name (Last, First, Middle Initial)
 Mailing Address 7331 Booth St
 City State Zip Code
 Prairie Village KS 66208-3358
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120123175230-35
 Amount of Each Receipt this Period
 25.00

C. Ann Schanhals
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 S Saylor Ave
 City State Zip Code
 Elmhurst IL 60126-4307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120123175230-38
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 83 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ann Schanhals
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 S Saylor Ave
 City Elmhurst State IL Zip Code 60126-4307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 30 / 2011
Transaction ID : 2012012418746-4
 Amount of Each Receipt this Period
 10.00

B. Ann Schanhals
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 S Saylor Ave
 City Elmhurst State IL Zip Code 60126-4307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 15 / 2011
Transaction ID : 20120123175230-39
 Amount of Each Receipt this Period
 10.00

C. Ann Schanhals
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 S Saylor Ave
 City Elmhurst State IL Zip Code 60126-4307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 31 / 2011
Transaction ID : 20120123175230-40
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Robert Slomka			Date of Receipt
Mailing Address 206 Forest Knoll Ct			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : 20120124173930-32
Fishers	IN	46037-9753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Regional Sales Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert Slomka			Date of Receipt
Mailing Address 206 Forest Knoll Ct			<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : 20120124173830-32
Fishers	IN	46037-9753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Regional Sales Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Slomka			Date of Receipt
Mailing Address 206 Forest Knoll Ct			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : 20120124173915-32
Fishers	IN	46037-9753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="25.00"/>
Name of Employer	Occupation		
Millennium Pharmaceuticals Inc.	Regional Sales Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 85 OF 109
(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

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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 ▼ **600.00**

Date of Receipt
08 / 31 / 2011

Transaction ID : 2012012417388-32

Amount of Each Receipt this Period
25.00

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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 ▼ **600.00**

Date of Receipt
09 / 15 / 2011

Transaction ID : 20120124173845-32

Amount of Each Receipt this Period
25.00

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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 ▼ **600.00**

Date of Receipt
09 / 30 / 2011

Transaction ID : 2012012417390-32

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 86 OF 109
	<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. Robert Slomka
Full Name (Last, First, Middle Initial)

Mailing Address 206 Forest Knoll Ct

City Fishers	State IN	Zip Code 46037-9753
-----------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : 2012012017250-32

Amount of Each Receipt this Period

25.00

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

Mailing Address 206 Forest Knoll Ct

City Fishers	State IN	Zip Code 46037-9753
-----------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : 20120120172514-32

Amount of Each Receipt this Period

25.00

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

Mailing Address 206 Forest Knoll Ct

City Fishers	State IN	Zip Code 46037-9753
-----------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120120172530-32

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 87 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Robert Slomka			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-32
Mailing Address 206 Forest Knoll Ct			Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 600.00
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Robert Slomka			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011 Transaction ID : 20120120172425-32
Mailing Address 206 Forest Knoll Ct			Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 600.00
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Robert Slomka			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011 Transaction ID : 20120120172444-32
Mailing Address 206 Forest Knoll Ct			Amount of Each Receipt this Period 25.00
City Fishers	State IN	Zip Code 46037-9753	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 600.00
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 ▼ 600.00		

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 88 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Mark Vages		Date of Receipt MM / DD / YYYY 07 / 15 / 2011 Transaction ID : 20120124173930-45
Mailing Address 12 Thornfield Ln		Amount of Each Receipt this Period 25.00
City Hawthorn Woods	State IL	Zip Code 60047-7711
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 ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Mark Vages		Date of Receipt MM / DD / YYYY 07 / 31 / 2011 Transaction ID : 20120124173830-45
Mailing Address 12 Thornfield Ln		Amount of Each Receipt this Period 25.00
City Hawthorn Woods	State IL	Zip Code 60047-7711
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 ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Mark Vages		Date of Receipt MM / DD / YYYY 08 / 15 / 2011 Transaction ID : 20120124173915-45
Mailing Address 12 Thornfield Ln		Amount of Each Receipt this Period 25.00
City Hawthorn Woods	State IL	Zip Code 60047-7711
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 ▼ 550.00	

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 89 OF 109
(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

Full Name (Last, First, Middle Initial)
A. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-45

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-45

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-45

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 90 OF 109
(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

Full Name (Last, First, Middle Initial)
A. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011
Transaction ID : 20120123175230-41

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120123175230-42

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Mark Vages

Mailing Address 12 Thornfield Ln

City State Zip Code
Hawthorn Woods IL 60047-7711

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

Name of Employer Occupation
Millennium Pharmaceuticals Inc. National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120123175230-43

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 91 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Mark Vages		Date of Receipt
Mailing Address 12 Thornfield Ln		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Hawthorn Woods	IL	60047-7711
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<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	National Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Wadlinger		Date of Receipt
Mailing Address 19 Holly Ridge Rd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City	State	Zip Code
North Andover	MA	01845-4732
FEC ID number of contributing federal political committee.		Transaction ID : 20120124173830-5
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1500"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mary Wadlinger		Date of Receipt
Mailing Address 19 Holly Ridge Rd		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
North Andover	MA	01845-4732
FEC ID number of contributing federal political committee.		Transaction ID : 20120124173915-5
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1500"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Sr. Dir., Human Resources	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 109
	<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

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. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	31	/	2011

Transaction ID : 2012012417388-5

Amount of Each Receipt this Period

15.00

B. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2011

Transaction ID : 20120124173845-5

Amount of Each Receipt this Period

15.00

C. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2011

Transaction ID : 2012012417390-5

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 109
<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. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

Transaction ID : 2012012017250-5

Amount of Each Receipt this Period

15.00

B. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : 20120120172514-5

Amount of Each Receipt this Period

15.00

C. Mary Wadlinger
Full Name (Last, First, Middle Initial)
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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

Transaction ID : 20120120172530-5

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 109
	<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

Full Name (Last, First, Middle Initial) A. Mary Wadlinger		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 19 Holly Ridge Rd		Transaction ID : 20120120172545-5
City North Andover	State MA	Zip Code 01845-4732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Mary Wadlinger		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2011
Mailing Address 19 Holly Ridge Rd		Transaction ID : 20120120172425-5
City North Andover	State MA	Zip Code 01845-4732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Mary Wadlinger		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2011
Mailing Address 19 Holly Ridge Rd		Transaction ID : 20120120172444-5
City North Andover	State MA	Zip Code 01845-4732
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 95 OF 109
(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. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-10
 Amount of Each Receipt this Period
 25.00

B. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2011
Transaction ID : 20120124173830-10
 Amount of Each Receipt this Period
 25.00

C. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011
Transaction ID : 20120124173915-10
 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 96 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial)
A. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2011
Transaction ID : 2012012417388-10

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 20120124173845-10

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : 2012012417390-10

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 97 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2011
Transaction ID : 20120123175230-44
 Amount of Each Receipt this Period
 25.00

B. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120123175230-45
 Amount of Each Receipt this Period
 25.00

C. Jim Weber
 Full Name (Last, First, Middle Initial)
 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 ▼ 600.00

Date of Receipt
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 11 / 15 / 2011
Transaction ID : 20120123175230-46
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jim Weber
Full Name (Last, First, Middle Initial)
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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

Transaction ID : 2012012418746-2

Amount of Each Receipt this Period

25.00

B. Jim Weber
Full Name (Last, First, Middle Initial)
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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : 20120123175230-47

Amount of Each Receipt this Period

25.00

C. Jim Weber
Full Name (Last, First, Middle Initial)
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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : 20120123175230-48

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: (check only one)	PAGE 99 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Brenda Whan
 Full Name (Last, First, Middle Initial)
 Mailing Address 15026 Super Star Dr
 City Carmel State IN Zip Code 46032-5089
 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 ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-6
 Amount of Each Receipt this Period
 9.00

B. Brenda Whan
 Full Name (Last, First, Middle Initial)
 Mailing Address 15026 Super Star Dr
 City Carmel State IN Zip Code 46032-5089
 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 ▼ 216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-6
 Amount of Each Receipt this Period
 9.00

C. Brent Wingerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5311 NE 24th Ct
 City Newcastle State WA Zip Code 98059-3714
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-23
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	43.00
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 100 OF 109
<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. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2011

Transaction ID : 20120124173830-23

Amount of Each Receipt this Period

25.00

B. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2011

Transaction ID : 20120124173915-23

Amount of Each Receipt this Period

25.00

C. Brent Wingerson
Full Name (Last, First, Middle Initial)
Mailing Address 5311 NE 24th Ct

City Newcastle	State WA	Zip Code 98059-3714
-------------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

Transaction ID : 2012012417388-23

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 109
	<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

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

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059-3714

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 ▼ **600.00**

Date of Receipt **09 / 15 / 2011**

Transaction ID : 20120124173845-23

Amount of Each Receipt this Period **25.00**

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

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059-3714

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 ▼ **600.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : 2012012417390-23

Amount of Each Receipt this Period **25.00**

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

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059-3714

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 ▼ **600.00**

Date of Receipt **10 / 15 / 2011**

Transaction ID : 2012012017250-23

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 102 OF 109
(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

Full Name (Last, First, Middle Initial)
A. Brent Wingerson
 Mailing Address 5311 NE 24th Ct
 City State Zip Code
 Newcastle WA 98059-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 20120120172514-23
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Brent Wingerson
 Mailing Address 5311 NE 24th Ct
 City State Zip Code
 Newcastle WA 98059-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : 20120120172530-23
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Brent Wingerson
 Mailing Address 5311 NE 24th Ct
 City State Zip Code
 Newcastle WA 98059-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 20120120172545-23
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 103 OF 109
(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

Full Name (Last, First, Middle Initial)
A. Brent Wingerson
 Mailing Address 5311 NE 24th Ct
 City State Zip Code
 Newcastle WA 98059-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-23
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Brent Wingerson
 Mailing Address 5311 NE 24th Ct
 City State Zip Code
 Newcastle WA 98059-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-23
 Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Millennium Pharmaceuticals Inc. Director, Sales Strategy
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : 20120124173930-36
 Amount of Each Receipt this Period
 20.00

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 104 OF 109
(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. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 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 ▼ 480.00

Date of Receipt 07 / 31 / 2011
Transaction ID : 20120124173830-36
 Amount of Each Receipt this Period 20.00

B. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 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 ▼ 480.00

Date of Receipt 08 / 15 / 2011
Transaction ID : 20120124173915-36
 Amount of Each Receipt this Period 20.00

C. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 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 ▼ 480.00

Date of Receipt 08 / 31 / 2011
Transaction ID : 2012012417388-36
 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 105 OF 109
(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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
 Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 20120124173845-36

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. 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 Occupation
 Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 2012012417390-36

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 Millennium Pharmaceuticals Inc. Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2011

Transaction ID : 2012012017250-36

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: (check only one)	PAGE 106 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael Zdrojewski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2011 Transaction ID : 20120120172514-36
Mailing Address 57 Christian Way		Amount of Each Receipt this Period 20.00
City North Andover	State MA	Zip Code 01845-2233
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Sales Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Michael Zdrojewski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 20120120172530-36
Mailing Address 57 Christian Way		Amount of Each Receipt this Period 20.00
City North Andover	State MA	Zip Code 01845-2233
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Sales Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Michael Zdrojewski		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 20120120172545-36
Mailing Address 57 Christian Way		Amount of Each Receipt this Period 20.00
City North Andover	State MA	Zip Code 01845-2233
FEC ID number of contributing federal political committee. C	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Director, Sales Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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: (check only one)	PAGE 107 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : 20120120172425-36
 Amount of Each Receipt this Period
 20.00

B. Michael Zdrojewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Christian Way
 City North Andover State MA Zip Code 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2011
Transaction ID : 20120120172444-36
 Amount of Each Receipt this Period
 20.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	10863.00

**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)

<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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement
2012 Primary

Candidate Name
William Cassidy

Office Sought: House
 Senate
 President
State: LA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 2DC57301AE8A2E80CC1

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
2012 Primary

Candidate Name
Orrin G. Hatch

Office Sought: House
 Senate
 President
State: UT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 7CB2C59128EC111871A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Hoeven for Senate

Mailing Address PO Box 15114

City State Zip Code
Arlington VA 22215

Purpose of Disbursement
2016 Primary

Candidate Name
John H. Hoeven

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : FFEB6CFC10A6F38258

Amount of Each Disbursement this Period

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

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

**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)

<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

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

Full Name (Last, First, Middle Initial)

A. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2012 Primary

Category/
Type

Candidate Name

Leonard Lance

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : AD16B753116E924F6CD

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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