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Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Bristol-Myers Squibb Co. Employee Political Advocacy Fund for Innovation 3401 Princeton Pike ADDRESS (number and street) (Check if address is changed) Lawrenceville 08648 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address karim.munir@bms.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00035675 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Munir, Karim, , , Type or Print Name of Treasurer Munir, Karim,,, [Electronically Filed] 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C	COMMITTEE  Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		Democratic,
(d)		Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confidence of the control of the confidence	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4		

	-		
l	FEC <b>Form 1</b> (Revise	ed 02/2009)	Page <b>3</b>
W	rite or Type Committee Na		-
E	Bristol-Myers S	Squibb Co. Employee Political Advocacy Fund for	Innovation
6.	Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Bı	ristol-Myers Squibb	b <sub> </sub> Company <sub> </sub>	
	Mailing Address	3401 Princeton Pike	
	Mailing Address		
		Lawrenceville NJ 08648	
		CITY STATE ZIF	CODE
	Relationship: <b>x</b> Connec	ected Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
	Custodian of Records: lebooks and records.	Identify by name, address (phone number optional) and position of the person in posses	sion of committee
	Munir,	Karim, , ,	
	Full Name	,3401 Princeton Pike	
	Mailing Address		
		. J. awrenceville N.J	
		Lawrenceville NJ 08648	
	Title or Position	CITY STATE ZIP	CODE
	Custodian of Records	Telephone number 609 - 302	2 4058
	Treasurer: List the name any designated agent (e.g	e and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	and address of
	Full Name Munir, Portion of Treasurer	Karim, , ,	
	Mailing Address	3401 Princeton Pike	
		Lawrenceville NJ 08648	
	Title or Position	CITY STATE ZIP	CODE
	Treasurer	Talaphana number 609 302	_  4058

FEC <b>For</b>	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated	O'Shea, Jessica, , ,	
Agent	2404 Princeton Bills	
Mailing Address	3401 Princeton Pike	
	Lawrenceville NJ 08648	-
		ZIP CODE
Title or Position Assistant Treas		02   -   4889
safety deposit b	<b>Per Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit b	Depository, etc.  Bank of New York	accounts, rents
safety deposit b	Depository, etc.  Bank of New York  1530 5th Avenue	accounts, rents
safety deposit but Name of Bank,	Depository, etc.  Bank of New York  530 5th Avenue	accounts, rents
safety deposit but Name of Bank,	Depository, etc.  Bank of New York  1530 5th Avenue	accounts, rents
safety deposit but Name of Bank,	Depository, etc.  Bank of New York  530 5th Avenue  New York  New York  New York	accounts, rents
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of New York  530 5th Avenue  New York  New York  New York	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of New York  530 5th Avenue  New York  New York  CITY  STATE  Z	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of New York  530 5th Avenue  New York  CITY  STATE  Z  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of New York  530 5th Avenue  New York  CITY  STATE  Z  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of New York  530 5th Avenue  New York  CITY  STATE  Z  Depository, etc.	

## : 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This registration is being amended to show a new affiliated committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadershin PAC Snon
=	tion Political Action Committee	along noprecentative	, or acqueromp the open
Mailing Address	86 Morris Ave.		
amg			
	Summit	ı NJ	07901
Data Constitution			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A