

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Millennium Pharmaceuticals Inc. PAC

ADDRESS (number and street) 750 Ninth Street, NW Suite 575 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00407460 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer Liz Lewis

Signature of Treasurer Electronically Filed by Liz Lewis Date 01 25 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		15779.50
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	25835.00									
(c) Total Receipts (from Line 19)	3643.50	28199.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29478.50	43978.50								
7. Total Disbursements (from Line 31)	0.00	14500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29478.50	29478.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3270.00	18385.00
(ii) Unitemized	373.50	9814.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3643.50	28199.00
(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)	3643.50	28199.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3643.50	28199.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3643.50	28199.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	14500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	14500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3643.50	28199.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3643.50	28199.00
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 7 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Billias	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 130 Sankernando Lane	Transaction ID: 343BA7D1E9BC96A2FA1
	City State Zip Code E. Amherst NY 14051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) John Billias	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 130 Sankernando Lane	Transaction ID: 2994F1F0CA85BAD721B
	City State Zip Code E. Amherst NY 14051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) John Billias	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 130 Sankernando Lane	Transaction ID: A6CF81CA5217C8E73A8
	City State Zip Code E. Amherst NY 14051	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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: PAGE 8 / 38
(check only one)

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

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

A.

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

Transaction ID: 2011011895133-52

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
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 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 / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011011895440-52

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
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 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 / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 2011011810140-52

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 38
(check only one)

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

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

A.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 34639-4439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-23

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 34639-4439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-23

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 34639-4439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-23

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 10 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Transaction ID: 2011011895133-22

Amount of Each Receipt this Period
 105.00

B.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Transaction ID: 2011011895440-22

Amount of Each Receipt this Period
 105.00

C.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Transaction ID: 2011011810140-22

Amount of Each Receipt this Period
 105.00

SUBTOTAL of Receipts This Page (optional) ► **315.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38
(check only one)

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

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

A.

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

Mailing Address 4 Oatsfield 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 ▼ 675.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-15

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
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 ▼ 675.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-15

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
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 ▼ 675.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-15

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 12 / 38
(check only one)

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

A.

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

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 11 / 30 / 2010

Transaction ID: 2011011895133-18

Amount of Each Receipt this Period 10.00

B.

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

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 12 / 15 / 2010

Transaction ID: 2011011895440-18

Amount of Each Receipt this Period 10.00

C.

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

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 12 / 31 / 2010

Transaction ID: 2011011810140-18

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 13 / 38
(check only one)

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

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

A.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011895133-2

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011895440-2

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011810140-2

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 14 / 38
(check only one)

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

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

A.

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

Mailing Address 8 Highmeadow Rd

City State Zip Code
Weston MA 02493-1941

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-19

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 8 Highmeadow Rd

City State Zip Code
Weston MA 02493-1941

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-19

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 8 Highmeadow Rd

City State Zip Code
Weston MA 02493-1941

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-19

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 15 / 38
(check only one)

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

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

A.

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

Mailing Address 1401 H St 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 / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011011895133-44

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 1401 H St 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 / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011011895440-44

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 1401 H St 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 / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 2011011810140-44

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 16 / 38
(check only one)

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

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

A.

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

Mailing Address 4 Avalon Way

City State Zip Code
Altamont NY 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
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-38

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 4 Avalon Way

City State Zip Code
Altamont NY 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
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-38

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 4 Avalon Way

City State Zip Code
Altamont NY 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
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-38

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 17 / 38
(check only one)

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

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

A.

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

Mailing Address 2029 Cahaba Crest Dr

City Vestavia Hls State AL Zip Code 35242-4416

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 ▼ 720.00

Date of Receipt: 11 / 30 / 2010

Transaction ID: 2011011895133-8

Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 2029 Cahaba Crest Dr

City Vestavia Hls State AL Zip Code 35242-4416

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 ▼ 720.00

Date of Receipt: 12 / 15 / 2010

Transaction ID: 2011011895440-8

Amount of Each Receipt this Period: 30.00

C.

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

Mailing Address 2029 Cahaba Crest Dr

City Vestavia Hls State AL Zip Code 35242-4416

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 ▼ 720.00

Date of Receipt: 12 / 31 / 2010

Transaction ID: 2011011810140-8

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ **90.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044-4491

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Area Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-6

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044-4491

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Area Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-6

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044-4491

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Area Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-6

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 / 38
(check only one)

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

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

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

A.

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

Mailing Address 32 Cressbrook Rd

City Concord State MA Zip Code 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-4

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 32 Cressbrook Rd

City Concord State MA Zip Code 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-4

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 32 Cressbrook Rd

City Concord State MA Zip Code 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-4

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: PAGE 20 / 38

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City State Zip Code
Galena OH 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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011895133-40

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)
Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City State Zip Code
Galena OH 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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011895440-40

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)
Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City State Zip Code
Galena OH 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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011810140-40

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: PAGE 21 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Susan McFadden

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 11 / 30 / 2010

Transaction ID: 2011011895133-17

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Susan McFadden

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 12 / 15 / 2010

Transaction ID: 2011011895440-17

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Susan McFadden

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 12 / 31 / 2010

Transaction ID: 2011011810140-17

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 22 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 581CEDEDB02AAA3592C

Amount of Each Receipt this Period
25.00

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

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 54469865D0DA2190C17

Amount of Each Receipt this Period
25.00

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

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 3A45170830460A87F92

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 23 / 38
(check only one)

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

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

A.

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

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 9050E822193ECA22818

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: BD1C7702A518A95652C

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: FB7C0035D4E71ABAC4D

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 24 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 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 / D D / Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 2011011895133-12

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
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 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 / D D / Y Y Y Y
1 2 / 1 5 / 2 0 1 0

Transaction ID: 2011011895440-12

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
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 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 / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 2011011810140-12

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 25 / 38
(check only one)

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

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

A.

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

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011895133-7

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011895440-7

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011810140-7

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: PAGE 26 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-42

Amount of Each Receipt this Period 10.00

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

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 MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-42

Amount of Each Receipt this Period 10.00

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

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 MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-42

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 27 / 38
(check only one)

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

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

A.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-35

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-35

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-35

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 28 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sara Riedel

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

Transaction ID: 2011011895133-34

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Sara Riedel

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

Transaction ID: 2011011895440-34

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Sara Riedel

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

Transaction ID: 2011011810140-34

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 29 / 38
(check only one)

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

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

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

A.

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

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011895133-20

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011895440-20

Amount of Each Receipt this Period
15.00

C.

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

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

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

Transaction ID: 2011011810140-20

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 30 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 4530 Promenade Ln	Transaction ID: 6C8FDEB9C39737B99A0
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 4530 Promenade Ln	Transaction ID: E8C5EE8D4E260466135
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Thomas Rotte	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 4530 Promenade Ln	Transaction ID: E71B5C172340FEC52A3
	City State Zip Code Sylvania OH 43560-2984	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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: PAGE 31 / 38
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 7331 Booth

City State Zip Code
Prairie Village KS 66208

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

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

Transaction ID: 20101130104026-2

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
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 Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

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

Transaction ID: A6CDF8323DA83AA3FD9

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
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 Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

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

Transaction ID: D19CEDA546137E1111B

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 32 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela Schneider		Date of Receipt
	Mailing Address 34 Woburn Abbey Ave		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Camp Hill	PA	17011-1011
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011895133-25
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology Sales Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Pamela Schneider		Date of Receipt
	Mailing Address 34 Woburn Abbey Ave		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Camp Hill	PA	17011-1011
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011895440-25
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology Sales Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Pamela Schneider		Date of Receipt
	Mailing Address 34 Woburn Abbey Ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Camp Hill	PA	17011-1011
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011810140-25
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Oncology Sales Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
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 33 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 475.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-37

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 475.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-37

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 475.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-37

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 34 / 38
(check only one)

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

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

A.

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

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 3568590F835C41EC557

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 15 / 2010

Transaction ID: F7E2010EDDB19EA22B8

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2A3AA8E8F3F481C581D

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 35 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt
	Mailing Address 19 Holly Ridge Rd		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	North Andover	MA	01845-4732
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011895133-5
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="15.00"/>

B.	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt
	Mailing Address 19 Holly Ridge Rd		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	North Andover	MA	01845-4732
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011895440-5
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="15.00"/>

C.	Full Name (Last, First, Middle Initial) Mary Wadlinger		Date of Receipt
	Mailing Address 19 Holly Ridge Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	North Andover	MA	01845-4732
	FEC ID number of contributing federal political committee. C		Transaction ID: 2011011810140-5
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Dir., Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="675.00"/>	<input type="text" value="15.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="45.00"/>
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 36 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2010
Transaction ID: 2FA2B37053ED3B702CE
 Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2010
Transaction ID: 0260B5E4395DE689486
 Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2010
Transaction ID: C4B502A4EE234DB08C5
 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 37 / 38
(check only one)

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

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

A.

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

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Transaction ID: 2011011895133-27

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Transaction ID: 2011011895440-27

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 5311 NE 24th Ct

City State Zip Code
Newcastle WA 98059-3714

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

Transaction ID: 2011011810140-27

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 38
(check only one)

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

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

A.

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

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Transaction ID: 2011011895133-41

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Transaction ID: 2011011895440-41

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845-2233

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 2011011810140-41

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)	▶	3270.00