

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 Suite 575 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00407460 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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 01 / 29 / 2013

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="2012"/>	<input type="text" value="44866.50"/>	<input type="text" value="44866.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55315.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3447.50"/>	<input type="text" value="27396.00"/>
(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="58762.50"/>	<input type="text" value="72262.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="13500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58762.50"/>	<input type="text" value="58762.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	3228.00	18458.00
(ii) Unitemized .....	219.50	8938.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3447.50	27396.00
(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) .....	3447.50	27396.00
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))..... ▶	3447.50	27396.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3447.50	27396.00

**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.....	0.00	13500.00
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)) ..	0.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3447.50	27396.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3447.50	27396.00
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 39
<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 **11 / 30 / 2012**

**Transaction ID : 2012120413816-39**

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 **12 / 15 / 2012**

**Transaction ID : 20130128103736-38**

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 **12 / 31 / 2012**

**Transaction ID : 2013012810381-38**

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 39
	<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. Timothy Bisson**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : 2012120413816-47**

Amount of Each Receipt this Period 25.00

**B. Timothy Bisson**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 15 / 2012  
**Transaction ID : 20130128103736-46**

Amount of Each Receipt this Period 25.00

**C. Timothy Bisson**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Bevin Rd

City Northport State NY Zip Code 11768-1169

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : 2013012810381-46**

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 8 OF 39
	<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. Kelly Bodiford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 Conesus Ln  
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:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : 2012120413816-42**  
Amount of Each Receipt this Period **25.00**

**B. Kelly Bodiford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 Conesus Ln  
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:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 15 / 2012**  
**Transaction ID : 20130128103736-41**  
Amount of Each Receipt this Period **25.00**

**C. Kelly Bodiford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 Conesus Ln  
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:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : 2013012810381-41**  
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 9 OF 39
	<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 11 / 30 / 2012  
**Transaction ID : 2012120413816-19**  
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 12 / 15 / 2012  
**Transaction ID : 20130128103736-18**  
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 12 / 31 / 2012  
**Transaction ID : 2013012810381-18**  
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 10 OF 39
	<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. 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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-18**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-17**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-17**  
 Amount of Each Receipt this Period  
 105.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<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
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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	/	2012

**Transaction ID : 2012120413816-12**

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
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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	/	2012

**Transaction ID : 20130128103736-11**

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
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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	/	2012

**Transaction ID : 2013012810381-11**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
<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. 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
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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	/	2012

**Transaction ID : 2012120413816-15**

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
12	/	15	/	2012

**Transaction ID : 20130128103736-14**

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	/	31	/	2012

**Transaction ID : 2013012810381-14**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-2**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-2**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-2**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-16**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-15**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-15**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 39  
(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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-13**  
 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 / 15 / 2012  
**Transaction ID : 20130128103736-12**  
 Amount of Each Receipt this Period  
 10.00

**C. 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 / 2012  
**Transaction ID : 2013012810381-12**  
 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: (check only one)	PAGE 16 OF 39
	<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
-----------------------------	-----------------------------	-----------------------------

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. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 / 2012  
**Transaction ID : 2012120413816-45**  
Amount of Each Receipt this Period  
25.00

**B. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 / 2012  
**Transaction ID : 20130128103736-44**  
Amount of Each Receipt this Period  
25.00

**C. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 / 2012  
**Transaction ID : 2013012810381-44**  
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 17 OF 39
	<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. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : 2012120413816-43**  
Amount of Each Receipt this Period  
50.00

**B. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2012  
**Transaction ID : 20130128103736-42**  
Amount of Each Receipt this Period  
50.00

**C. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012  
**Transaction ID : 2013012810381-42**  
Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
<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. 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 / D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : 2012120413816-30**  
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 / D D / Y Y Y Y Y Y  
12 / 15 / 2012  
**Transaction ID : 20130128103736-29**  
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 / D D / Y Y Y Y Y Y  
12 / 31 / 2012  
**Transaction ID : 2013012810381-29**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<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 11 / 30 / 2012  
**Transaction ID : 2012120413816-41**

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 12 / 15 / 2012  
**Transaction ID : 20130128103736-40**

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 12 / 31 / 2012  
**Transaction ID : 2013012810381-40**

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 20 OF 39
	<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. 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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-4**  
 Amount of Each Receipt this Period  
**50.00**

**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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-4**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-4**  
 Amount of Each Receipt this Period  
**50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<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. 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	/	2012

**Transaction ID : 2012120413816-32**

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	/	2012

**Transaction ID : 20130128103736-31**

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	/	2012

**Transaction ID : 2013012810381-31**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
	<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. 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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-14**  
 Amount of Each Receipt this Period  
 10.00

**B. 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 / 15 / 2012  
**Transaction ID : 20130128103736-13**  
 Amount of Each Receipt this Period  
 10.00

**C. 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 / 2012  
**Transaction ID : 2013012810381-13**  
 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 23 OF 39
	<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. 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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-37**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-36**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-36**  
 Amount of Each Receipt this Period  
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<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. 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 / 2012**

**Transaction ID : 2012120413816-40**

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  
**12 / 15 / 2012**

**Transaction ID : 20130128103736-39**

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 / 31 / 2012**

**Transaction ID : 2013012810381-39**

Amount of Each Receipt this Period  
**25.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
	<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) <b>A. Karen Odierna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : 2012120413816-9</b>
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	Zip Code 34238-6210
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Odierna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2012 <b>Transaction ID : 20130128103736-8</b>
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	Zip Code 34238-6210
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Karen Odierna</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : 2013012810381-8</b>
Mailing Address 5586 Modena PI		Amount of Each Receipt this Period 10.00
City Sarasota	State FL	Zip Code 34238-6210
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 ▼ 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
	<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 11 / 30 / 2012  
**Transaction ID : 2012120413816-34**  
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 12 / 15 / 2012  
**Transaction ID : 20130128103736-33**  
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 12 / 31 / 2012  
**Transaction ID : 2013012810381-33**  
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 39
	<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. Kim Pierwoka**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Harbour View Pl

City Stratford State CT Zip Code 06615-7008

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : 2012120413816-48**

Amount of Each Receipt this Period **25.00**

**B. Kim Pierwoka**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Harbour View Pl

City Stratford State CT Zip Code 06615-7008

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **12 / 15 / 2012**

**Transaction ID : 20130128103736-47**

Amount of Each Receipt this Period **25.00**

**C. Kim Pierwoka**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Harbour View Pl

City Stratford State CT Zip Code 06615-7008

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : 2013012810381-47**

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 28 OF 39
	<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) <b>A. Joe Regan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : 2012120413816-27</b>
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Joe Regan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2012 <b>Transaction ID : 20130128103736-26</b>
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Joe Regan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : 2013012810381-26</b>
Mailing Address 3 Legion Rd		Amount of Each Receipt this Period 50.00
City Weston	State MA	
Zip Code 02493-2119		Aggregate Year-to-Date ▼ 1200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: PAGE 29 OF 39  
(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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-26**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-25**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-25**  
 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 30 OF 39
	<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. 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
11	/	30	/	2012

**Transaction ID : 2012120413816-17**

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
12	/	15	/	2012

**Transaction ID : 20130128103736-16**

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
12	/	31	/	2012

**Transaction ID : 2013012810381-16**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 39  
(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  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-38**

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  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-37**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. 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  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-37**

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: (check only one)	PAGE 32 OF 39
	<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) <b>A. Elizabeth Rush</b>			Date of Receipt
Mailing Address 7331 Booth St			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 2012120413816-3</b>
Prairie Village	KS	66208-3358	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.	Sr. Oncology Sales Specialist		
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>B. Elizabeth Rush</b>			Date of Receipt
Mailing Address 7331 Booth St			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 20130128103736-3</b>
Prairie Village	KS	66208-3358	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.	Sr. Oncology Sales Specialist		
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>C. Elizabeth Rush</b>			Date of Receipt
Mailing Address 7331 Booth St			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 2013012810381-3</b>
Prairie Village	KS	66208-3358	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.	Sr. Oncology Sales Specialist		
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) ▼			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<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. 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	/	30	/	2012

**Transaction ID : 2012120413816-29**

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
12	/	15	/	2012

**Transaction ID : 20130128103736-28**

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
12	/	31	/	2012

**Transaction ID : 2013012810381-28**

Amount of Each Receipt this Period  

25.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39
	<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 M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : 2012120413816-5**

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
12	/	15	/	2012

**Transaction ID : 20130128103736-5**

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
12	/	31	/	2012

**Transaction ID : 2013012810381-5**

Amount of Each Receipt this Period  

15.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
	<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. 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  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-10**  
 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  
 12 / 15 / 2012  
**Transaction ID : 20130128103736-9**  
 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  
 12 / 31 / 2012  
**Transaction ID : 2013012810381-9**  
 Amount of Each Receipt this Period  
 25.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 39  
(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. Brenda Whan**

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 / 2012  
**Transaction ID : 20130128103736-6**

Amount of Each Receipt this Period  
 9.00

Full Name (Last, First, Middle Initial)  
**B. Brenda Whan**

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 / 2012  
**Transaction ID : 2013012810381-6**

Amount of Each Receipt this Period  
 9.00

Full Name (Last, First, Middle Initial)  
**C. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp                      State NJ                      Zip Code 08085-1550

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 M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : 2012120413816-46**

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 37 OF 39
	<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) <b>A. Gayle Williams</b>			Date of Receipt
Mailing Address 114 Carriage Ln			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 20130128103736-45</b>
Logan Twp	NJ	08085-1550	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.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Gayle Williams</b>			Date of Receipt
Mailing Address 114 Carriage Ln			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 2013012810381-45</b>
Logan Twp	NJ	08085-1550	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.	Sr. Oncology Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="475.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Brent Wingerson</b>			Date of Receipt
Mailing Address 5311 NE 24th Ct			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 2012120413816-22</b>
Newcastle	WA	98059-3714	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.	Sr. Oncology Sales Specialist		
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> 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 38 OF 39
	<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. 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 12 / 15 / 2012  
**Transaction ID : 20130128103736-21**  
 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 12 / 31 / 2012  
**Transaction ID : 2013012810381-21**  
 Amount of Each Receipt this Period 25.00

**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 11 / 30 / 2012  
**Transaction ID : 2012120413816-33**  
 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 39 OF 39  
(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 12 / 15 / 2012  
**Transaction ID : 20130128103736-32**  
 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 12 / 31 / 2012  
**Transaction ID : 2013012810381-32**  
 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  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3228.00