

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

E M D S e r o n o p , I n c . P o l i t i c a l A c t i o n C o m m i t t e e

ADDRESS (number and street)

O n e T e c h n o l o g y P l a c e

(Check if address is changed)

(Check if address is changed)

R o c k l a n d

MA

0 2 3 7 0

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

e m d s e r o n o p a c @ e m d s e r o n o . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7 8 1 - 6 8 1 - 2 9 1 2

2. DATE

0 6 / 2 9 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER ►

C 0 0 2 5 8 2 3 6

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

AMENDED (A)

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

Type or Print Name of Treasurer Monica Elliott

Signature of Treasurer

Monica Elliott

Date

0 6 / 2 9 / 2 0 0 7

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| | | | | | |
|-----------------|--|--|--|--|--|
| Office Use Only | | | | | |
|-----------------|--|--|--|--|--|

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

27039464608

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

E M D S e r v o n o , I n c . _____

Mailing Address _____
O n e T e c h n o l o g y P l a c e _____

R o c k l a n d _____ M A _____ 0 2 3 7 0 - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____
C o n n e c t e d _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

EMD Serono, Inc. Political Action Committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name M o n i c a E l l i o t t

Mailing Address E M D S e r o n o , I n c .
O n e T e c h n o l o g y P l a c e
R o c k l a n d M A 0 2 3 7 0

Title or Position T r e a s u r e r CITY R o c k l a n d STATE M A ZIP CODE 0 2 3 7 0

Telephone number 7 8 1 - 9 8 2 - 9 0 0 0

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer M o n i c a E l l i o t t

Mailing Address E M D S e r o n o , I n c .
O n e T e c h n o l o g y P l a c e
R o c k l a n d M A 0 2 3 7 0

Title or Position T r e a s u r e r CITY R o c k l a n d STATE M A ZIP CODE 0 2 3 7 0

Telephone number 7 8 1 - 9 8 2 - 9 0 0 0

Full Name of Designated Agent L i s a C o s t a n t i n o

Mailing Address E M D S e r o n o , I n c .
O n e T e c h n o l o g y P l a c e
R o c k l a n d M A 0 2 3 7 0

Title or Position A s s i s t a n t T r e a s u r e r CITY R o c k l a n d STATE M A ZIP CODE 0 2 3 7 0

Telephone number 7 8 1 - 9 8 2 - 9 0 0 0

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

100 Federal Street

Boston MA 02110-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27039464611

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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 PREPARER
 (3/2005)

7/11/07
 DATE PREPARED

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