## 27039464608

FEC FORM

## STATEMENT OF ORGANIZATION

RECEIVED -

2007 JUL 11 AM 8: 23

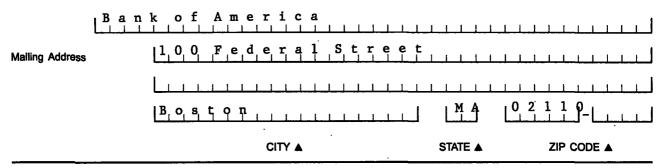
1 OKW 1			Office Use Only		
NAME OF     COMMITTEE (in full)	(Check if name (XX is changed)	Example:If typing, type over the lines.	12FE4M5		
E <sub>1</sub> M <sub>1</sub> D <sub>1</sub> S <sub>1</sub> e <sub>1</sub> r <sub>1</sub> q n q	In q. Pρli	t, i, c, a, 1, A, c, t, i	on Committee		
ADDRESS (number and street) ▼	One Tech	nology Pla	c e		
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
is changed)	Rockland		MA 0, 2, 3, 7, 0-		
COMMITTEE'S E-MAIL ADDRES		CITY A	STATE ▲ ZIP CODE ▲		
e m d s e r o n o r	_	rono.com			
		1.1 1 1 1 1 1 1 1 1			
COMMITTEE'S WEB PAGE ADD	RESS (URL)				
	111111.				
COMMITTEE'S FAX NUMBER  [7, 8, 1] = [6, 8, 1] = [2, 9, 1]	<mark>l<sub>,</sub> 2</mark> ]				
2. DATE 0 6 2 9 2 0 0 7					
3. FEC IDENTIFICATION NU	3. FEC IDENTIFICATION NUMBER ► C. 0 0 2 5 8 2 3 6				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Monica Elliott					
Signature of Treasurer	fonica) Ell	wit	Date 0,6,29,2007		
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 co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	PPL PURW 1		

	FEC Form 1 (Revised 02/200	93)	Page 2
j.	TYPE OF COMMITTEE (Check (	One)	
	(a) This committee is a	principal campaign committee. (Complete the candidate information below.)	)
	(b) This committee is a information below.)	n authorized committee, and is NOT a principal campaign committee. (Com	plete the candidate
	Name of Candidate	<del></del>	
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c) This committee sup	ports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) This committee is a		(Democratic, Republican, etc.) Party.
	(e) This committee is a	separate segregated fund.	
	(f) This committee sur committee.	ports/opposes more than one Federal candidate, and is NOT a separate se	egregated fund or party
j.	Name of Any Connected Organi	zation or Affiliated Committee	
1	,Ε,Μ, D, S, e, r, ρ, n, ο, , ,	T n c.	
<u>L</u>	1214444777		<u> </u>
L			
	Mailing Address	ne Technology Place	
	L		لحببب
	[R]	o,c,k,l,a,p,d,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 7 0-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship C on n e	c t e d	
	Type of Connected Organization:		
	XX Corporation	Corporation w/o Capital Stock Labor Organ	ization
•	Membership Organization	Trade Association	
_	<u> </u>		

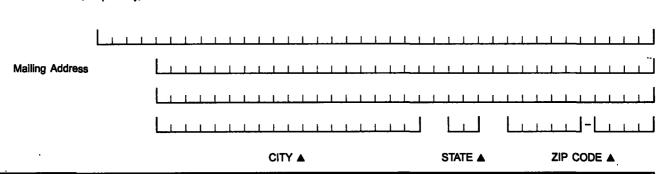
	FEC Form 1 (Revised 0	2/2003)			Page 3	
W	rite or Type Committee Name					
	EMD Serono	, Inc. Political Action C	ommittee			
,	Custodian of Records: Iden books and records.	atify by name, address (phone number – o	optional) and position of the	e person in po	ssession of com	mittee
	Full Name M <sub>1</sub> O <sub>1</sub> n <sub>1</sub>	i, ç a ,E, 1, 1, i, o t t , , ,		<del></del>		لــــا
	Mailing Address	One Technolo				
		Rockland		·	3 7 0	
	Title or Position▼	CITY ▲	STATE	<b>A</b>	ZIP CODE A	
	Treasure	<u> </u>	Telephone number	7 8 1 - 9	8 2 - 9 0	0 0
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the commi	ttee; and the n	ame and addres	s of
	Full Name M o n	ica Elliott				لـــا
	Mailing Address	EMD Serono, I One Technolo	nc. gy Place	<del>                                      </del>		لـــا
				<u> </u>	<del>                                     </del>	لب
		R <sub>1</sub> O <sub>1</sub> C <sub>1</sub> k <sub>1</sub> l <sub>1</sub> a n d	M, A	0,2,3	3, 7, 9-	لــــا
	Title or Position▼	CITY ▲	STATE	<b>A</b> .	ZIP CODE ▲	
	Treasure	r	Telephone number	7 8 1 - 9	8 2 - 9 (	}
	Full Name of Designated Agent Lis Agent	a Costantino				لب
	Mailing Address	E,M,D, S,e,r,o,n,o,,,,I,		1111		لب
		One Technolog	y Place	0 2	370.	لبا
		Rockland	ئنا لىسى	0 2	ئىئا-لىـ	
	Title or Position▼	CITY ▲	STATE	<b>A</b>	ZIP CODE A	
	Assistan	t Treasurer	Telephone number	7 8 1 9	8 2 9 0	0 0

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.



Name of Bank, Depository, etc.



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signature Confirm	ation™ Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	ceipt or Postmarked			
grand of the same	7/11/07			
PREPARER (3/2005)	DATE PREPARED			
(0,200)				