

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00407460

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013

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 M M M / D D D / Y Y Y Y Y Y 07 / 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.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2013"/>		<input type="text" value="58762.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58762.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12858.00"/>	<input type="text" value="12858.00"/>
(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="71620.50"/>	<input type="text" value="71620.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9000.00"/>	<input type="text" value="9000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62620.50"/>	<input type="text" value="62620.50"/>
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).....	6225.00	6225.00
(ii) Unitemized .....	6633.00	6633.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12858.00	12858.00
(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) .....	12858.00	12858.00
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))..... ▶	12858.00	12858.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12858.00	12858.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	9000.00	9000.00
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)) ..	9000.00	9000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	9000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	12858.00	12858.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12858.00	12858.00
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: PAGE 6 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-38**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-38**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-36**  
 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 45
	<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. 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : 2013072215830-36**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-44**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-44**  
 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 8 OF 45
<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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2013  
**Transaction ID : 201307221580-42**  
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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013  
**Transaction ID : 2013072215830-42**  
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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2013  
**Transaction ID : 20130722151030-41**  
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: PAGE 9 OF 45  
(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. Kelly Bodiford**

Mailing Address 710 Conesus Ln

City State Zip Code  
 Winter Springs FL 32708-5519

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-41**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kelly Bodiford**

Mailing Address 710 Conesus Ln

City State Zip Code  
 Winter Springs FL 32708-5519

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-39**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Kelly Bodiford**

Mailing Address 710 Conesus Ln

City State Zip Code  
 Winter Springs FL 32708-5519

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : 2013072215830-39**

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 45
	<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**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Boldizar</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 <b>Transaction ID : 20130722151030-18</b>
Mailing Address 3618 Swans Landing Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Boldizar</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : 2013072215110-18</b>
Mailing Address 3618 Swans Landing Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Boldizar</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013 <b>Transaction ID : 201307221580-16</b>
Mailing Address 3618 Swans Landing Dr		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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 11 OF 45
	<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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-16**

Amount of Each Receipt this Period  
**25.00**

**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 ▼ **1260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : 20130722151315-17**

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 ▼ **1260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : 20130722151231-17**

Amount of Each Receipt this Period  
**105.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>235.00</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 12 OF 45
	<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. Kevin Carlin</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : 20130722151212-17</b>
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
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		Aggregate Year-to-Date ▼ 1260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kevin Carlin</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2013 <b>Transaction ID : 2013072215930-17</b>
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
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		Aggregate Year-to-Date ▼ 1260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kevin Carlin</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2013 <b>Transaction ID : 2013072215100-17</b>
Mailing Address 1909 Craig St		Amount of Each Receipt this Period 105.00
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		Aggregate Year-to-Date ▼ 1260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 13 OF 45
	<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**

Full Name (Last, First, Middle Initial) <b>A. Kevin Carlin</b>		Date of Receipt
Mailing Address 1909 Craig St		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27608-2107
FEC ID number of contributing federal political committee.		Transaction ID : <b>2013072215734-17</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kevin Carlin</b>		Date of Receipt
Mailing Address 1909 Craig St		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27608-2107
FEC ID number of contributing federal political committee.		Transaction ID : <b>201307221590-17</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kevin Carlin</b>		Date of Receipt
Mailing Address 1909 Craig St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27608-2107
FEC ID number of contributing federal political committee.		Transaction ID : <b>20130722151030-17</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="105.00"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Sales Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="315.00"/>
<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: PAGE 14 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. 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 ▼ 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-17**  
 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 ▼ 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-15**  
 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 ▼ 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : 2013072215830-15**  
 Amount of Each Receipt this Period  
 105.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Patrick Connelly**

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 15 / 2013**  
**Transaction ID : 2013072215930-11**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Patrick Connelly**

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**03 / 31 / 2013**  
**Transaction ID : 2013072215100-11**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Patrick Connelly**

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**04 / 15 / 2013**  
**Transaction ID : 2013072215734-11**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
	<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. Patrick Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Oatsfield Cir  
 City Penfield State NY Zip Code 14526-9554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 201307221590-11**  
 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  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-11**  
 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  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-11**  
 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 17 OF 45
	<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**

Full Name (Last, First, Middle Initial)  
**A. Patrick Connelly**

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2013

**Transaction ID : 201307221580-10**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**B. Patrick Connelly**

Mailing Address 4 Oatsfield Cir

City Penfield	State NY	Zip Code 14526-9554
------------------	-------------	------------------------

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

Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Manager
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : 2013072215830-10**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**C. Sandra DiCesare**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

**Transaction ID : 2013072215930-2**

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 18 OF 45
	<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. 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 ▼ **600.00**

Date of Receipt **03 / 31 / 2013**

**Transaction ID : 2013072215100-2**

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 ▼ **600.00**

Date of Receipt **04 / 15 / 2013**

**Transaction ID : 2013072215734-2**

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 ▼ **600.00**

Date of Receipt **04 / 30 / 2013**

**Transaction ID : 201307221590-2**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 45  
(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. Sandra DiCesare**

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2013**

**Transaction ID : 20130722151030-2**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Sandra DiCesare**

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-2**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Sandra DiCesare**

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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 201307221580-2**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<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. 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 ▼ **600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-2**

Amount of Each Receipt this Period  
**500.00**

**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 ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2013**

**Transaction ID : 20130722151315-15**

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 ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2013**

**Transaction ID : 20130722151231-15**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **450.00**

**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 21 OF 45
	<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**

Full Name (Last, First, Middle Initial) <b>A. Deborah Dunsire</b>			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2013 <b>Transaction ID : 20130722151212-15</b>
Mailing Address 8 Highmeadow Rd			Amount of Each Receipt this Period 200.00
City Weston	State MA	Zip Code 02493-1941	
FEC ID number of contributing federal political committee. C		Occupation President & CEO	
Name of Employer Millennium Pharmaceuticals Inc.		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Deborah Dunsire</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2013 <b>Transaction ID : 2013072215930-15</b>
Mailing Address 8 Highmeadow Rd			Amount of Each Receipt this Period 200.00
City Weston	State MA	Zip Code 02493-1941	
FEC ID number of contributing federal political committee. C		Occupation President & CEO	
Name of Employer Millennium Pharmaceuticals Inc.		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Deborah Dunsire</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2013 <b>Transaction ID : 2013072215100-15</b>
Mailing Address 8 Highmeadow Rd			Amount of Each Receipt this Period 200.00
City Weston	State MA	Zip Code 02493-1941	
FEC ID number of contributing federal political committee. C		Occupation President & CEO	
Name of Employer Millennium Pharmaceuticals Inc.		Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 22 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2013  
**Transaction ID : 2013072215734-15**  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : 201307221590-15**  
 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-15**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
<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. 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 ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-15**  
 Amount of Each Receipt this Period  
 200.00

**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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : 2013072215930-42**  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2013  
**Transaction ID : 2013072215100-42**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 45
	<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**

Full Name (Last, First, Middle Initial) <b>A. William Hamarich</b>		Date of Receipt
Mailing Address 28 Ambassador Way		M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2013
City	State	Zip Code
Jackson	NJ	08527-2881
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 2013072215734-42</b>
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

Full Name (Last, First, Middle Initial) <b>B. William Hamarich</b>		Date of Receipt
Mailing Address 28 Ambassador Way		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City	State	Zip Code
Jackson	NJ	08527-2881
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 201307221590-42</b>
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

Full Name (Last, First, Middle Initial) <b>C. William Hamarich</b>		Date of Receipt
Mailing Address 28 Ambassador Way		M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2013
City	State	Zip Code
Jackson	NJ	08527-2881
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 20130722151030-42</b>
Name of Employer Millennium Pharmaceuticals Inc.		Amount of Each Receipt this Period
Occupation Sr. Oncology Sales		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

<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 25 OF 45
	<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. William Hamarich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : 2013072215110-42</b>
Mailing Address 28 Ambassador Way		Amount of Each Receipt this Period 50.00
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		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Hamarich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2013 <b>Transaction ID : 201307221580-40</b>
Mailing Address 28 Ambassador Way		Amount of Each Receipt this Period 50.00
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		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William Hamarich</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 <b>Transaction ID : 2013072215830-40</b>
Mailing Address 28 Ambassador Way		Amount of Each Receipt this Period 50.00
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		Aggregate Year-to-Date ▼ 600.00
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: (check only one)	PAGE 26 OF 45
	<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. 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 ▼ 240.00

Date of Receipt  
06 / 15 / 2013  
**Transaction ID : 201307221580-27**

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 ▼ 240.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : 2013072215830-27**

Amount of Each Receipt this Period  
20.00

**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 ▼ 600.00

Date of Receipt  
03 / 15 / 2013  
**Transaction ID : 2013072215930-4**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
	<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. 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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

**Transaction ID : 2013072215100-4**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2013

**Transaction ID : 2013072215734-4**

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2013

**Transaction ID : 201307221590-4**

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: PAGE 28 OF 45  
(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. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-4**  
 Amount of Each Receipt this Period  
 50.00

**B. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-4**  
 Amount of Each Receipt this Period  
 50.00

**C. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-3**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<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. 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-3**

Amount of Each Receipt this Period  
**50.00**

**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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2013**

**Transaction ID : 20130722151030-36**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-36**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</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 30 OF 45
	<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. 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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2013

**Transaction ID : 201307221580-34**

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : 2013072215830-34**

Amount of Each Receipt this Period  

25.00
-------

**C. Amy Modean**  
Full Name (Last, First, Middle Initial)

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2013

**Transaction ID : 20130722151030-39**

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 31 OF 45
	<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**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-39**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 201307221580-37**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-37**

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: PAGE 32 OF 45  
(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. Kim Pierwoka**

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 ▼ **300.00**

Date of Receipt  
**05 / 15 / 2013**

**Transaction ID : 20130722151030-45**

Amount of Each Receipt this Period  
**25.00**

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

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 ▼ **300.00**

Date of Receipt  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-45**

Amount of Each Receipt this Period  
**25.00**

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

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 ▼ **300.00**

Date of Receipt  
**06 / 15 / 2013**

**Transaction ID : 201307221580-43**

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 33 OF 45
	<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. 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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-43**

Amount of Each Receipt this Period  
**25.00**

**B. Joe Regan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : 2013072215930-26**

Amount of Each Receipt this Period  
**50.00**

**C. Joe Regan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2013**

**Transaction ID : 2013072215100-26**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</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 34 OF 45  
(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. Joe Regan**

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 15 / 2013**

**Transaction ID : 2013072215734-26**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Joe Regan**

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : 201307221590-26**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Joe Regan**

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2013**

**Transaction ID : 20130722151030-26**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 45  
(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. Joe Regan**

Mailing Address 3 Legion Rd

City Weston      State MA      Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-26**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Joe Regan**

Mailing Address 3 Legion Rd

City Weston      State MA      Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 201307221580-24**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Joe Regan**

Mailing Address 3 Legion Rd

City Weston      State MA      Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-24**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45
	<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. 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-23**  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : 2013072215830-23**  
 Amount of Each Receipt this Period  
 20.00

**C. Thomas Rotte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4530 Promenade Ln  
 City Sylvania State OH Zip Code 43560-2984  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-37**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<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 37 OF 45  
(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 ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-37**

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 ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-35**

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 ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 30 / 2013  
**Transaction ID : 2013072215830-35**

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 38 OF 45
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	<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="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Prairie Village	KS	66208-3358
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
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="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Rush</b>		Date of Receipt
Mailing Address 7331 Booth St		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Prairie Village	KS	66208-3358
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
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="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. Robert Slomka</b>		Date of Receipt
Mailing Address 206 Forest Knoll Ct		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fishers	IN	46037-9753
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
Millennium Pharmaceuticals Inc.	Regional Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

<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 39 OF 45
<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)  
**A. Robert Slomka**

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : 2013072215110-28**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Robert Slomka**

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 15 / 2013  
**Transaction ID : 201307221580-26**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Robert Slomka**

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 30 / 2013  
**Transaction ID : 2013072215830-26**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 45  
(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. 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 15 / 2013  
**Transaction ID : 20130722151030-9**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : 2013072215110-9**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 15 / 2013  
**Transaction ID : 201307221580-8**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 41 OF 45  
(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. Jim Weber**

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-8**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Brent Wingerson**

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 ▼ **300.00**

Date of Receipt  
**05 / 15 / 2013**

**Transaction ID : 20130722151030-21**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Brent Wingerson**

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 ▼ **300.00**

Date of Receipt  
**05 / 31 / 2013**

**Transaction ID : 2013072215110-21**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

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

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

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

FOR LINE NUMBER: PAGE 42 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Brent Wingerson**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 201307221580-19**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Brent Wingerson**

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 ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-19**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Michael Zdrojewski**

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2013**

**Transaction ID : 201307221580-30**

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 43 OF 45  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**Michael Zdrojewski**

Mailing Address 57 Christian Way

City 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 ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : 2013072215830-30**

Amount of Each Receipt this Period  
**20.00**

**B.** 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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>20.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6225.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo for Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Anna G. Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

Transaction ID : F205E41EF6CFB504E4F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2013

Transaction ID : 65AC8F0A0DDF9EFC0A0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Joe Kennedy for Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph P. Kennedy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 22 / 2013

Transaction ID : 0EDBCCC43221F180426

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Mark Pryor for US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mark Lunsford Pryor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2013

**Transaction ID : AEF4EB61C1C0018BD5C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 08 / 2013

**Transaction ID : 6AB8ABAFD838C2AF309**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : 0B2469488080BAC3781**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

9000.00