

FEDERAL  
OPERATIONS CENTER

2004 OCT 23 P 12:34

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MILLENNIUM PHARMACEUTICALS PAC

ADDRESS (number and street)

40 LANDSDOWNE STREET

(Check if address  
is changed)

CAMBRIDGE

MA

02139

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

(617) 374-1007

2. DATE 10 07 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer

JOEL GOLDBERG

Signature of Treasurer

*Joel Goldberg*

Date 10 07 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9600  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund.

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

6. Name of Any Connected Organization or Affiliated Committee

MILLENNIUM PHARMACEUTICALS INC. \_\_\_\_\_  
 40 LANDSDOWNE STREET \_\_\_\_\_

Mailing Address \_\_\_\_\_

CAMBRIDGE \_\_\_\_\_ MA 02139-1 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |   |                               |                    |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization                         | Trade Association             | Cooperative        |

Write or Type Committee Name

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

Full Name JOEL GOLDBERG

Mailing Address 40 LANDSDOWNE STREET  
CAMBRIDGE MA 02139-1

Title or Position CUSTODIAN OF RECORDS CITY MA STATE MA ZIP CODE 02139-1

Telephone number (617) 761-6886

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

Full Name of Treasurer JOEL GOLDBERG

Mailing Address 40 LANDSDOWNE STREET  
CAMBRIDGE MA 02139-1

Title or Position TREASURER CITY MA STATE MA ZIP CODE 02139-1

Telephone number (617) 761-6886

Full Name of Designated Agent WILLIAM SCIROTT

Mailing Address 40 LANDSDOWNE STREET  
CAMBRIDGE MA 02139-1

Title or Position ASSISTANT TREASURER CITY MA STATE MA ZIP CODE 02139-1

Telephone number (617) 444-1239

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

Name of Bank, Depository, etc.

WATERBURY BANK & TRUST COMPANY

Mailing Address

1047 MADISON ST. AVE.

CAMBRIDGE MA 02139

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10-15-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*See*  
 PREPARER

(5/2004)

10-24-04  
 DATE PREPARED