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THE MEDICINES COMPANY®

January 26, 2010

VIA FEDERAL EXPRESS

Federal Election Commission
999 E Street, NW
Washington, DC 20463

To Whom It May Concern:

Enclosed please find The Medicines Company Political Action
Committee 2009 year-end report on FEC Form 3x, Report of Receipts
and Disbursements.

Please contact me if you have any questions or require further
information.

Very truly yours,

Paul M. Antinori
Senior Vice President and General Counsel

Enclosures

10030224873

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2010 JAN 27 AM 11:51

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

The Medicines Company Political Action Committee

ADDRESS (number and street)

8 Sylvan Way

Check if different than previously reported. (ACC)

Parsippany

NJ

07054

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00456251

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

Paul M. Antinori

Signature of Treasurer

Date

MM / DD / YYYY

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

FEC FORM 3X
Rev. 12/2004

10030224874

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Medicines Company Political Action Committee

Report Covering the Period: From:

07 / 01 / 2009

To:

12 / 31 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		\$0.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$100.00	
(c) Total Receipts (from Line 19)	\$19,900.00	\$20,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$20,000.00	\$20,000.00
7. Total Disbursements (from Line 31).....	\$4,165.84	\$4,165.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$15,834.16	\$15,834.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$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

10030224875

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

The Medicines Company Political Action Committee

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2009 To: MM / DD / YYYY 12 / 31 / 2009

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).....	\$19,900.00	\$19,900.00
(ii) Unitemized.....	\$0.00	\$100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$19,900.00	\$20,000.00
(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).....▶	\$19,900.00	\$20,000.00
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)).....▶	\$19,900.00	\$20,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	\$19,900.00	\$20,000.00

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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	\$165.84	\$165.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	\$165.84	\$165.84
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$4,000.00	\$4,000.00
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)) ..	\$4,165.84	\$4,165.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	\$4,165.84	\$4,165.84

10030224877

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	\$19,900.00	\$20,000.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$19,900.00	\$20,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	\$165.84	\$165.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	\$0.00	\$0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	\$165.84	\$165.84

10030224878

**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 1 OF 5
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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)
The Medicines Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Doug Randall		Date of Receipt 09 / 14 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$2,500.00
City Parsippany	State NJ	
Zip Code 07054-3801		check
FEC ID number of contributing federal political committee. C		
Name of Employer The Medicines Company	Occupation Vice President	Aggregate Year-to-Date ▼ \$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Glenn Sblendorio		Date of Receipt 09 / 15 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State NJ	
Zip Code 07054-3801		check
FEC ID number of contributing federal political committee. C		
Name of Employer The Medicines Company	Occupation Chief Financial Officer	Aggregate Year-to-Date ▼ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) John Kelley		Date of Receipt 09 / 18 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State NJ	
Zip Code 07054-3801		check
FEC ID number of contributing federal political committee. C		
Name of Employer The Medicines Company	Occupation Chief Operating Officer	Aggregate Year-to-Date ▼ \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

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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 2 OF 5
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
The Medicines Company Political Action Committee

Full Name (Last, First, Middle Initial) A. Brent Furse		Date of Receipt 09 / 18 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

Full Name (Last, First, Middle Initial) B. William O'Connor		Date of Receipt 09 / 18 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Wyatt		Date of Receipt 09 / 22 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Member, Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	\$3,000.00
TOTAL This Period (last page this line number only).....▶	

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**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 3 OF 5
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
The Medicines Company Political Action Committee

A. Robert Savage
Full Name (Last, First, Middle Initial)

Mailing Address
8 Sylvan Way

City Parsippany State NJ Zip Code 07054-3801

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

Name of Employer **The Medicines Company** Occupation **Member, Board of Directors**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$3,000.00

Date of Receipt
09 / 26 / 2009

Amount of Each Receipt this Period
\$3,000.00

check

B. Melvin Spigelman
Full Name (Last, First, Middle Initial)

Mailing Address
8 Sylvan Way

City Parsippany State NJ Zip Code 07054-3801

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

Name of Employer **The Medicines Company** Occupation **Member, Board of Directors**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$2,000.00

Date of Receipt
09 / 26 / 2009

Amount of Each Receipt this Period
\$2,000.00

check

C. William Crouse
Full Name (Last, First, Middle Initial)

Mailing Address
8 Sylvan Way

City Parsippany State NJ Zip Code 07054-3801

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

Name of Employer **The Medicines Company** Occupation **Member, Board of Directors**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$2,000.00

Date of Receipt
09 / 28 / 2009

Amount of Each Receipt this Period
\$2,000.00

check

SUBTOTAL of Receipts This Page (optional) ▶ **\$7,000.00**

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

10030224881

**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 4 OF 5
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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)
The Medicines Company Political Action Committee

Full Name (Last, First, Middle Initial) A. Armin Kessler		Date of Receipt 09 / 29 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$3,000.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Member, Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$3,000.00	

Full Name (Last, First, Middle Initial) B. Leslie Rohrbacker		Date of Receipt 09 / 30 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$500.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00	

Full Name (Last, First, Middle Initial) C. Scott Johnson		Date of Receipt 10 / 19 / 2009
Mailing Address 8 Sylvan Way		Amount of Each Receipt this Period \$1,000.00
City Parsippany	State Zip Code NJ 07054-3801	
FEC ID number of contributing federal political committee. C		check
Name of Employer The Medicines Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$4,500.00
TOTAL This Period (last page this line number only)	

10030224882

**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 5 OF 5
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
The Medicines Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Paul M. Antinori

Mailing Address
8 Sylvan Way

City State Zip Code
Parsippany NJ 07054-3801

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

Name of Employer Occupation
The Medicines Company Senior Vice President and General Coun

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
\$1,000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
\$900.00

P/R Deduction (\$0.00)

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

SUBTOTAL of Receipts This Page (optional) ▶

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

\$900.00

\$19,900.00

10030224883

**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)	PAGE 1 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a
	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c
	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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)
The Medicines Company Political Action Committee

Full Name (Last, First, Middle Initial) A. Frelinghuysen For Congress		Date of Disbursement 10 / 01 / 2009
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period \$1,000.00
City Morristown	State NJ	
Zip Code 07960		Contribution: Rodney Frelinghuysen (R-11th NJ)
Purpose of Disbursement Contribution: Rodney Frelinghuysen (R-11th NJ)		
Candidate Name Rep. Rodney P. Frelinghuysen		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 11	

Full Name (Last, First, Middle Initial) B. Friends Of Patrick J. Kennedy Inc.		Date of Disbursement 10 / 07 / 2009
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period \$1,000.00
City Pawtucket	State RI	
Zip Code 02860		Contribution: Patrick Kennedy (D-1st RI)
Purpose of Disbursement Contribution: Patrick Kennedy (D-1st RI)		
Candidate Name Rep. Patrick J. Kennedy		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI	District: 01	

Full Name (Last, First, Middle Initial) C. Kendrick Meek For Florida		Date of Disbursement 12 / 23 / 2009
Mailing Address 111 Nw 183rd Street Suite 325		Amount of Each Disbursement this Period \$1,000.00
City Miami	State FL	
Zip Code 33169		Contribution: Kendrick Meek (D-FL)
Purpose of Disbursement Contribution: Kendrick Meek (D-FL)		
Candidate Name Mr. Kendrick Meek		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District:	

SUBTOTAL of Disbursements This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

10030224884

**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)

PAGE 2 OF 2

<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

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)
The Medicines Company Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Friends Of Chris Dodd

Mailing Address
PO Box 270701

City **West Hartford** State **CT** Zip Code **06127**

Purpose of Disbursement
Contribution: Chris Dodd (D-CT)

Candidate Name
Sen. Christopher J. Dodd

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: **CT** District:

Date of Disbursement
12 / 23 / 2009

Amount of Each Disbursement this Period
\$1,000.00

Contribution: **Chris Dodd (D-CT)**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$1,000.00
TOTAL This Period (last page this line number only)	\$4,000.00

10030224885

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date
1/26/10
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

1/27/10
 DATE PREPARED

10030224886