

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 12 08 2009 in the State of MA
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2009 through 11 18 2009

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 Electronically Filed by Liz Lewis Date 11 25 2009

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)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 1 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 6302.50 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 12683.50 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 9734.50 | 22115.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 22418.00 | 28418.00 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 10000.00 | 16000.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 12418.00 | 12418.00 | | | | | | | | |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 1 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 7385.00 | 13715.00 |
| (ii) Unitemized | 2349.50 | 8400.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 9734.50 | 22115.50 |
| (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) | 9734.50 | 22115.50 |
| 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 Transfer (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)) | 9734.50 | 22115.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 9734.50 | 22115.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 10000.00 | 16000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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) Shared 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)).. | 10000.00 | 16000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10000.00 | 16000.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 9734.50 | 22115.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9734.50 | 22115.50 |
| 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 7 / 88
(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. Full Name (Last, First, Middle Initial)
Kelly Bodiford
Mailing Address 710 Conesus Lane
City Winter Springs State FL Zip Code 32708
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt MM / DD / YYYY
11 / 15 / 2009
Transaction ID: 20091125-51-12-10
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Jennifer Boldizar
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 Occupation
Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt MM / DD / YYYY
09 / 30 / 2009
Transaction ID: 20091125-62-12-44
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Jennifer Boldizar
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 Occupation
Millennium Pharmaceuticals Inc. Sr. Oncology Sales Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt MM / DD / YYYY
10 / 15 / 2009
Transaction ID: 20091124-9-17-9
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 8 / 88 |
| | <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. Full Name (Last, First, Middle Initial)
Jennifer Boldizar

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 ▼ 285.00

Date of Receipt: 10 / 30 / 2009

Transaction ID: 20091124-61-17-9

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Jennifer Boldizar

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 ▼ 285.00

Date of Receipt: 11 / 15 / 2009

Transaction ID: 20091125-9-12-10

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt: 07 / 15 / 2009

Transaction ID: 20091124-35-17-14

Amount of Each Receipt this Period: 105.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 9 / 88 |
| | <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) Kevin Carlin | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 |
| | Mailing Address 1909 Craig St | Transaction ID: 20091124-88-17-14 |
| | City Raleigh State NC Zip Code 27608 | Amount of Each Receipt this Period 105.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2205.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Kevin Carlin | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 |
| | Mailing Address 1909 Craig St | Transaction ID: 20091124-35-16-50 |
| | City Raleigh State NC Zip Code 27608 | Amount of Each Receipt this Period 105.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2205.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Kevin Carlin | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 1909 Craig St | Transaction ID: 20091124-88-16-50 |
| | City Raleigh State NC Zip Code 27608 | Amount of Each Receipt this Period 105.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2205.00 | |

| | |
|--|---------------|
| 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 10 / 88
(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)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt 09 / 15 / 2009

Transaction ID: 20091125-35-12-44

Amount of Each Receipt this Period 105.00

B.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt 09 / 30 / 2009

Transaction ID: 20091125-88-12-44

Amount of Each Receipt this Period 105.00

C.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt 10 / 15 / 2009

Transaction ID: 20091124-35-17-9

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 11 / 88
(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)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 20091124-87-17-9
Amount of Each Receipt this Period: 105.00

B.

Full Name (Last, First, Middle Initial)
Kevin Carlin

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608

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 ▼ 2205.00

Date of Receipt: 11 / 15 / 2009
Transaction ID: 20091125-34-12-10
Amount of Each Receipt this Period: 105.00

C.

Full Name (Last, First, Middle Initial)
Patrick Connelly

Mailing Address 4 Oatsfield CirIcse

City Penfield State NY Zip Code 14526

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 ▼ 525.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: 20091124-30-17-14
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **235.00**

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 12 / 88 |
| | <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) Patrick Connelly | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 |
| | Mailing Address 4 Oatsfield CirIce | Transaction ID: 20091124-83-17-14 |
| | City State Zip Code Penfield NY 14526 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Patrick Connelly | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 |
| | Mailing Address 4 Oatsfield CirIce | Transaction ID: 20091124-30-16-50 |
| | City State Zip Code Penfield NY 14526 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Patrick Connelly | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 4 Oatsfield CirIce | Transaction ID: 20091124-83-16-50 |
| | City State Zip Code Penfield NY 14526 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00 | |

| | |
|--|-------|
| 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 13 / 88
(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)
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City Penfield State NY Zip Code 14526

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 ▼ 525.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 20091125-30-12-44
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City Penfield State NY Zip Code 14526

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 ▼ 525.00

Date of Receipt: 09 / 30 / 2009
Transaction ID: 20091125-83-12-44
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City Penfield State NY Zip Code 14526

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 ▼ 525.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: 20091124-30-17-9
 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 14 / 88

(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)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City State Zip Code
Penfield NY 14526

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-82-17-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Patrick Connelly

Mailing Address 4 Oatsfield CirIce

City State Zip Code
Penfield NY 14526

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 ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-29-12-10

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Colin Dalton

Mailing Address 5260 Bellwood Way

City State Zip Code
Carmichael CA 95608

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 ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-45-12-10

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) ►

55.00

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 / 88
(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)
Colin Dalton

Mailing Address 40 Tony Ann Place

City State Zip Code
Canfield OH 44406

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 ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-46-12-10

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Laura De La Garza

Mailing Address P.O. Box 21150

City State Zip Code
Bedford TX 76095

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-13-12-10

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20091124-32-17-14

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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 16 / 88
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <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)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-85-17-14

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-32-16-50

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-85-16-50

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 17 / 88
(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)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-32-12-44

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-85-12-44

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-32-17-9

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 18 / 88
(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)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-84-17-9

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Sandra DiCesare

Mailing Address 4 Shelly Lane

City State Zip Code
Westford MA 01886

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-31-12-10

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20091124-36-17-14

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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 / 88

(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)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20091124-89-17-14

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20091124-36-16-50

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-89-16-50

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: PAGE 20 / 88

(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)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-36-12-44

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-89-12-44

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City State Zip Code
Weslow MA 02493

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 ▼ 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-36-17-9

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: PAGE 21 / 88
(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)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City Weslow State MA Zip Code 02493

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 ▼ 4200.00

Date of Receipt: 10 / 30 / 2009

Transaction ID: 20091124-88-17-9

Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Deborah Dunsire

Mailing Address 8 High Meadow Rd

City Weslow State MA Zip Code 02493

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 ▼ 4200.00

Date of Receipt: 11 / 15 / 2009

Transaction ID: 20091125-35-12-10

Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Ford

Mailing Address 211 North St

City Medfield State MA Zip Code 02052

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Clinical Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 15 / 2009

Transaction ID: 20091124-28-17-14

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 420.00

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 22 / 88
(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)
Kathleen Ford

Mailing Address 211 North St

City State Zip Code
Medfield MA 02052

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-81-17-14

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Kathleen Ford

Mailing Address 211 North St

City State Zip Code
Medfield MA 02052

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-28-16-50

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Ford

Mailing Address 211 North St

City State Zip Code
Medfield MA 02052

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-81-16-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **60.00**

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 / 88 |
| | <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"/> | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|---------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Kathleen Ford | | Date of Receipt |
| | Mailing Address 211 North St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 15 / 2009 |
| | City | State | Zip Code |
| | Medfield | MA | 02052 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091125-28-12-44 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 20.00 | |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation VP, Clinical Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 400.00 | |

| | | | |
|---|--|---------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Kathleen Ford | | Date of Receipt |
| | Mailing Address 211 North St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Medfield | MA | 02052 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091125-81-12-44 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 20.00 | |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation VP, Clinical Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 400.00 | |

| | | | |
|---|--|---------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Kathleen Ford | | Date of Receipt |
| | Mailing Address 211 North St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 15 / 2009 |
| | City | State | Zip Code |
| | Medfield | MA | 02052 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091124-28-17-9 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 20.00 | |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation VP, Clinical Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text"/> 400.00 | |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 60.00 |
| TOTAL 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 24 / 88 | | | | | | |
| | (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 |

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.

Full Name (Last, First, Middle Initial)
Kathleen Ford

Mailing Address 211 North St

City State Zip Code
Medfield MA 02052

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Clinical Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-80-17-9

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Tom Fussaro

Mailing Address 1401 H St NW

City State Zip Code
Washington DC 20005-2110

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Assoc. Dir. Fed Govt Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: A34B9B1416EC755A840

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Trisha Holleran

Mailing Address 2715 E. Rockweld Path

City State Zip Code
Bloomington IN 47401

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-14-12-10

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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 25 / 88
(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 |

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.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 20091124-27-17-14

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20091124-80-17-14

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20091124-27-16-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 26 / 88
(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)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-80-16-50

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-27-12-44

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-80-12-44

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 27 / 88
(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)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091124-27-17-9

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-79-17-9

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
James Holmes

Mailing Address 4 Avallon Way

City State Zip Code
Altamont NY 12009

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-27-12-10

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 28 / 88
(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 |

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.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-31-17-14

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-84-17-14

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-31-16-50

Amount of Each Receipt this Period
30.00

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: PAGE 29 / 88
(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)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt 08 / 31 / 2009

Transaction ID: 20091124-84-16-50

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt 09 / 15 / 2009

Transaction ID: 20091125-31-12-44

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Lynne Hunt

Mailing Address 2029 Cahaba Crest Dr

City Bham State AL Zip Code 35242

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 ▼ 630.00

Date of Receipt 09 / 30 / 2009

Transaction ID: 20091125-84-12-44

Amount of Each Receipt this Period 30.00

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 30 / 88 |
| | <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"/> | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Lynne Hunt | | Date of Receipt |
| | Mailing Address 2029 Cahaba Crest Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9 |
| | City | State | Zip Code |
| | Bham | AL | 35242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091124-31-17-9 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Oncology Sales Specialist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 630.00 | <input type="text"/> 30.00 |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Lynne Hunt | | Date of Receipt |
| | Mailing Address 2029 Cahaba Crest Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9 |
| | City | State | Zip Code |
| | Bham | AL | 35242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091124-83-17-9 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Oncology Sales Specialist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 630.00 | <input type="text"/> 30.00 |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Lynne Hunt | | Date of Receipt |
| | Mailing Address 2029 Cahaba Crest Dr | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 0 9 |
| | City | State | Zip Code |
| | Bham | AL | 35242 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20091125-30-12-10 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Oncology Sales Specialist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 630.00 | <input type="text"/> 30.00 |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 90.00 |
| TOTAL 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 31 / 88
(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)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Area Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-15-12-10

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 20091124-33-17-14

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: 20091124-86-17-14

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 32 / 88
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Elizabeth Lewis | | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 |
| Mailing Address 32 Cressbrook Rd | | Transaction ID: 20091124-33-16-50 |
| City Concord | State Zip Code MA 01742-5304 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | Occupation VP, Commercial Law | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Elizabeth Lewis | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| Mailing Address 32 Cressbrook Rd | | Transaction ID: 20091124-86-16-50 |
| City Concord | State Zip Code MA 01742-5304 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | Occupation VP, Commercial Law | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Elizabeth Lewis | | Date of Receipt MM / DD / YYYY 09 / 15 / 2009 |
| Mailing Address 32 Cressbrook Rd | | Transaction ID: 20091125-33-12-44 |
| City Concord | State Zip Code MA 01742-5304 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | Occupation VP, Commercial Law | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

| | |
|--|--------|
| 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 33 / 88
(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)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt: 09 / 30 / 2009
Transaction ID: 20091125-86-12-44
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: 20091124-33-17-9
 Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 20091124-85-17-9
 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 34 / 88
(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)
Elizabeth Lewis

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-32-12-10

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-37-17-14

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-2-17-14

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 35 / 88 |
| | <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 | |

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.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt M M / D D / Y Y Y Y
07 31 2009

Transaction ID: 20091124-55-17-14

Amount of Each Receipt this Period 5.00

B.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt M M / D D / Y Y Y Y
07 31 2009

Transaction ID: 20091124-90-17-14

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt M M / D D / Y Y Y Y
08 15 2009

Transaction ID: 20091124-2-16-50

Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 / 88 |
| | <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 | |

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. | Full Name (Last, First, Middle Initial) Robert Marshall | Date of Receipt MM / DD / YYYY 08 / 15 / 2009 |
| | Mailing Address 350th Third St. #1008 | Transaction ID: 20091124-37-16-50 |
| | City State Zip Code Cambridge MA 02142 | Amount of Each Receipt this Period 25.00 |
| | 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 ▼ 505.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Robert Marshall | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 350th Third St. #1008 | Transaction ID: 20091124-55-16-50 |
| | City State Zip Code Cambridge MA 02142 | Amount of Each Receipt this Period 5.00 |
| | 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 ▼ 505.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Robert Marshall | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 350th Third St. #1008 | Transaction ID: 20091124-90-16-50 |
| | City State Zip Code Cambridge MA 02142 | Amount of Each Receipt this Period 25.00 |
| | 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 ▼ 505.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 55.00 |
| 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 37 / 88
(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)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-2-12-44

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-37-12-44

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-90-12-44

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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 38 / 88
(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)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-55-12-44

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 20091124-2-17-9

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 20091124-37-17-9

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 39 / 88
(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)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-54-17-9

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-89-17-9

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-2-12-10

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 / 88
(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)
Robert Marshall

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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 ▼ 505.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-36-12-10

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City State Zip Code
Galena OH 43021

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 ▼ 315.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-76-17-14

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Sabina McCafferty

Mailing Address 2639 Pointewood Loop

City State Zip Code
Galena OH 43021

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 ▼ 315.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-23-16-50

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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 41 / 88 |
| | <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. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091124-76-16-50 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 15.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 315.00 |

| | | | |
|---|--|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091125-23-12-44 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 15.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 315.00 |

| | | | |
|---|--|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091125-76-12-44 |
| | | Amount of Each Receipt this Period | <input type="text"/> |
| | | | 15.00 |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | | 315.00 |

| | |
|--|----------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> |
| | 45.00 |
| TOTAL 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 42 / 88 | | | | | | |
| | (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 |

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

| | | | |
|---|--|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | Transaction ID: 20091124-23-17-9 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text" value="315.00"/> | |
| | | Amount of Each Receipt this Period | <input type="text" value="15.00"/> |

| | | | |
|---|--|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | Transaction ID: 20091124-75-17-9 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text" value="315.00"/> | |
| | | Amount of Each Receipt this Period | <input type="text" value="15.00"/> |

| | | | |
|---|--|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Sabina McCafferty | | Date of Receipt |
| | Mailing Address 2639 Pointewood Loop | | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Galena | OH | 43021 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Health Systems Manager | Transaction ID: 20091125-23-12-10 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text" value="315.00"/> | |
| | | Amount of Each Receipt this Period | <input type="text" value="15.00"/> |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="45.00"/> |
| TOTAL 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 43 / 88 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Susan McFadden | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 855 La Mirada St | Transaction ID: 20091125-16-12-10 |
| | City Laguna Beach State CA Zip Code 92651 | Amount of Each Receipt this Period 10.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Margaret Nelson | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 3145 Neel Court | Transaction ID: 20091125-50-12-10 |
| | City Cumming State GA Zip Code 30041 | Amount of Each Receipt this Period 25.00 |
| | 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 225.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Karen Odierna | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 5586 Modena PI | Transaction ID: 20091125-17-12-10 |
| | City Sarasota State FL Zip Code 34238 | Amount of Each Receipt this Period 10.00 |
| | 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 210.00 | |

| | |
|--|--------------|
| SUBTOTAL of Receipts This Page (optional) | 45.00 |
| 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 44 / 88
(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. Full Name (Last, First, Middle Initial)
Mary Ordal
Mailing Address 1435 York Ave
City New York State NY Zip Code 10075-2523
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 ▼ 315.00
Date of Receipt 07 / 31 / 2009
Transaction ID: 20091124-77-17-14
Amount of Each Receipt this Period 15.00

B. Full Name (Last, First, Middle Initial)
Mary Ordal
Mailing Address 1435 York Ave
City New York State NY Zip Code 10075-2523
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 ▼ 315.00
Date of Receipt 08 / 15 / 2009
Transaction ID: 20091124-24-16-50
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
Mary Ordal
Mailing Address 1435 York Ave
City New York State NY Zip Code 10075-2523
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 ▼ 315.00
Date of Receipt 08 / 31 / 2009
Transaction ID: 20091124-77-16-50
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00
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 45 / 88
(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)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-24-12-44

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-77-12-44

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-24-17-9

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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 46 / 88
(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)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-76-17-9

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Mary Ordal

Mailing Address 1435 York Ave

City State Zip Code
New York NY 10075-2523

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-24-12-10

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Marc Peart

Mailing Address 17945 Stillmore St

City State Zip Code
Canyon Country CA 91387

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-18-12-10

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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 47 / 88 |
| | <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) Christopher Ramsay | | Date of Receipt MM / DD / YYYY 07 / 15 / 2009 | | |
| | Mailing Address 130 Sankernando Lane | | Transaction ID: 20091124-3-17-14 | | |
| | City E. Amherst | State NY | Zip Code 14051 | Amount of Each Receipt this Period 5.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Millennium Pharmaceuticals Inc. | Occupation Regional Sales Mgr | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 505.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Christopher Ramsay | | Date of Receipt MM / DD / YYYY 07 / 15 / 2009 | | |
| | Mailing Address 130 Sankernando Lane | | Transaction ID: 20091124-38-17-14 | | |
| | City E. Amherst | State NY | Zip Code 14051 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Millennium Pharmaceuticals Inc. | Occupation Regional Sales Mgr | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 505.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Christopher Ramsay | | Date of Receipt MM / DD / YYYY 07 / 31 / 2009 | | |
| | Mailing Address 130 Sankernando Lane | | Transaction ID: 20091124-91-17-14 | | |
| | City E. Amherst | State NY | Zip Code 14051 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Millennium Pharmaceuticals Inc. | Occupation Regional Sales Mgr | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 505.00 | | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 55.00 |
| 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 48 / 88
(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)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-56-17-14

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-3-16-50

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-38-16-50

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 49 / 88 |
| | <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) Christopher Ramsay | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-56-16-50 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 5.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-91-16-50 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 09 / 15 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091125-3-12-44 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 5.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 35.00 |
| 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 50 / 88
(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)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-38-12-44

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-56-12-44

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Christopher Ramsay

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-91-12-44

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **55.00**

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 51 / 88 |
| | <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) Christopher Ramsay | Date of Receipt MM / DD / YYYY 10 / 15 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-3-17-9 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 5.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 10 / 15 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-38-17-9 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-55-17-9 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 5.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 35.00 |
| 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 52 / 88 |
| | <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) Christopher Ramsay | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091124-90-17-9 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091125-3-12-10 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 5.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Christopher Ramsay | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 130 Sankernando Lane | Transaction ID: 20091125-37-12-10 |
| | City State Zip Code E. Amherst NY 14051 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 505.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 55.00 |
| 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 53 / 88
(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)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-34-17-14

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-87-17-14

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-34-16-50

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 54 / 88
(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)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt: 08 / 31 / 2009

Transaction ID: 20091124-87-16-50

Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt: 09 / 15 / 2009

Transaction ID: 20091125-34-12-44

Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Joe Regan

Mailing Address 3 Legion Road

City State Zip Code
Weston MA 02493

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 ▼ 1050.00

Date of Receipt: 09 / 30 / 2009

Transaction ID: 20091125-87-12-44

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 55 / 88 |
| | (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 |

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. | Full Name (Last, First, Middle Initial) Joe Regan | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 9 |
| | Mailing Address 3 Legion Road | Transaction ID: 20091124-34-17-9 |
| | City State Zip Code Weston MA 02493 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Joe Regan | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9 |
| | Mailing Address 3 Legion Road | Transaction ID: 20091124-86-17-9 |
| | City State Zip Code Weston MA 02493 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Joe Regan | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 9 |
| | Mailing Address 3 Legion Road | Transaction ID: 20091125-33-12-10 |
| | City State Zip Code Weston MA 02493 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00 | |

| | |
|--|--------|
| 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 56 / 88
(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)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-39-17-14

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-92-17-14

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-39-16-50

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 57 / 88
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-92-16-50

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-39-12-44

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-92-12-44

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 58 / 88
(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)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091124-39-17-9

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-91-17-9

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Sara Riedel

Mailing Address 4515 Promenade Lane

City State Zip Code
Sylvania OH 43560

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 ▼ 445.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-38-12-10

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 59 / 88 |
| | <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"/> | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Warren Rohal | | Date of Receipt |
| | Mailing Address 29655 Fran Drive | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Evergreen | CO | 80439 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091124-78-17-14 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> | 15.00 |
| 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 ▼ | |
| | | <input type="text"/> | 315.00 |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Warren Rohal | | Date of Receipt |
| | Mailing Address 29655 Fran Drive | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Evergreen | CO | 80439 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091124-25-16-50 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> | 15.00 |
| 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 ▼ | |
| | | <input type="text"/> | 315.00 |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Warren Rohal | | Date of Receipt |
| | Mailing Address 29655 Fran Drive | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Evergreen | CO | 80439 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 20091124-78-16-50 |
| | C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> | 15.00 |
| 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 ▼ | |
| | | <input type="text"/> | 315.00 |

| | | |
|--|----------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> | 45.00 |
| TOTAL 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 60 / 88
(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)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-25-12-44

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-78-12-44

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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 ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-25-17-9

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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 61 / 88

(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)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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 ▼ 315.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2009

Transaction ID: 20091124-77-17-9

Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Warren Rohal

Mailing Address 29655 Fran Drive

City State Zip Code
Evergreen CO 80439

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 ▼ 315.00

Date of Receipt MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-25-12-10

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Pamela Schneider

Mailing Address 34 Woburn Abbey Ave

City State Zip Code
Camp Hill PA 17011

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 ▼ 210.00

Date of Receipt MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-19-12-10

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 40.00

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 62 / 88
(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. Full Name (Last, First, Middle Initial)
Matt Shaw

Mailing Address 2205 Brookfield Dr

City State Zip Code
Brentwood TN 37027

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 15 / 2009
Transaction ID: 20091125-20-12-10
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: 20091124-40-17-14
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: 20091124-4-17-14
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ► 35.00

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 63 / 88
(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. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: 20091124-93-17-14
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: 20091124-57-17-14
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt: 08 / 15 / 2009
Transaction ID: 20091124-4-16-50
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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 64 / 88
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
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| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 |
| | | | | | | | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20091124-40-16-50

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-57-16-50

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-93-16-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 65 / 88
(check only one)

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A.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-4-12-44

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009

Transaction ID: 20091125-40-12-44

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-57-12-44

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 66 / 88
(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. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos
Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2009

Transaction ID: 20091125-93-12-44

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos
Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 20091124-4-17-9

Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos
Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 20091124-40-17-9

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

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 67 / 88
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| <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)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-56-17-9

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-92-17-9

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 12209 Willow Hill Dr

City State Zip Code
Monpark OK 93021

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-4-12-10

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 68 / 88
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Jodie Sherman-Drizos

Mailing Address 2515 Country Lege

City State Zip Code
New Braunfels TX 78132

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-39-12-10

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 22370 Cypress Wood Lane

City State Zip Code
Boca Raton FL 33428

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-41-17-14

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: 20091124-5-17-14

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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 69 / 88
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
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| | | | <input type="checkbox"/> 17 |

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

A.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20091124-58-17-14

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20091124-94-17-14

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20091124-5-16-50

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 70 / 88
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
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| <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)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-41-16-50

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-58-16-50

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 20091124-94-16-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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 71 / 88
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-5-12-44

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-41-12-44

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-94-12-44

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **45.00**

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 72 / 88
(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)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-58-12-44

Amount of Each Receipt this Period
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Mailing Address 404 NW 17th Street

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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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-5-17-9

Amount of Each Receipt this Period
5.00

C.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 20091124-41-17-9

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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 73 / 88 |
| | <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. | Full Name (Last, First, Middle Initial) Heather Smith | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 |
| | Mailing Address 404 NW 17th Street | Transaction ID: 20091124-57-17-9 |
| | City State Zip Code Newberry FL 32669 | Amount of Each Receipt this Period 5.00 |
| | 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 ▼ 425.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Heather Smith | Date of Receipt MM / DD / YYYY 10 / 30 / 2009 |
| | Mailing Address 404 NW 17th Street | Transaction ID: 20091124-93-17-9 |
| | City State Zip Code Newberry FL 32669 | Amount of Each Receipt this Period 20.00 |
| | 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 ▼ 425.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Heather Smith | Date of Receipt MM / DD / YYYY 11 / 15 / 2009 |
| | Mailing Address 404 NW 17th Street | Transaction ID: 20091125-40-12-10 |
| | City State Zip Code Newberry FL 32669 | Amount of Each Receipt this Period 20.00 |
| | 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 ▼ 425.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 45.00 |
| 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 74 / 88
(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 |

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.

Full Name (Last, First, Middle Initial)
Heather Smith

Mailing Address 404 NW 17th Street

City State Zip Code
Newberry FL 32669

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2009

Transaction ID: 20091125-5-12-10

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City State Zip Code
N Andover MA 01845

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir., Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: 20091124-79-17-14

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Mary Wadlinger

Mailing Address 19 Holly Ridge Rd

City State Zip Code
N Andover MA 01845

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir., Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2009

Transaction ID: 20091124-26-16-50

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 75 / 88 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Mary Wadlinger | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 19 Holly Ridge Rd | Transaction ID: 20091124-79-16-50 |
| | City State Zip Code N Andover MA 01845 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir., Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mary Wadlinger | Date of Receipt MM / DD / YYYY 09 / 15 / 2009 |
| | Mailing Address 19 Holly Ridge Rd | Transaction ID: 20091125-26-12-44 |
| | City State Zip Code N Andover MA 01845 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir., Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mary Wadlinger | Date of Receipt MM / DD / YYYY 09 / 30 / 2009 |
| | Mailing Address 19 Holly Ridge Rd | Transaction ID: 20091125-79-12-44 |
| | City State Zip Code N Andover MA 01845 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir., Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 315.00 |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 45.00 |
| 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 76 / 88 |
| | <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. | Full Name (Last, First, Middle Initial) Mary Wadlinger | | Date of Receipt |
| | Mailing Address 19 Holly Ridge Rd | | <input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | N Andover | MA | 01845 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Dir., Human Resources | Transaction ID: 20091124-26-17-9 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="315.00"/> | <input type="text" value="15.00"/> |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Mary Wadlinger | | Date of Receipt |
| | Mailing Address 19 Holly Ridge Rd | | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | N Andover | MA | 01845 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Dir., Human Resources | Transaction ID: 20091124-78-17-9 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="315.00"/> | <input type="text" value="15.00"/> |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Mary Wadlinger | | Date of Receipt |
| | Mailing Address 19 Holly Ridge Rd | | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | N Andover | MA | 01845 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Millennium Pharmaceuticals Inc. | | Occupation Sr. Dir., Human Resources | Transaction ID: 20091125-26-12-10 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="315.00"/> | <input type="text" value="15.00"/> |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="45.00"/> |
| TOTAL 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 77 / 88
(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 |

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.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: 20091124-42-17-14
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City Carmel State IN Zip Code 46032

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 ▼ 490.00

Date of Receipt: 07 / 15 / 2009
Transaction ID: 20091124-7-17-14
 Amount of Each Receipt this Period: 5.00

C.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 07 / 31 / 2009
Transaction ID: 20091124-95-17-14
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 78 / 88
 (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. Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2009

Transaction ID: 20091124-60-17-14

Amount of Each Receipt this Period
5.00

B. Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2009

Transaction ID: 20091124-7-16-50

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City State Zip Code
Parnell IA 52325

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 ▼ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2009

Transaction ID: 20091124-42-16-50

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 79 / 88
(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)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-60-16-50

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City State Zip Code
Parnell IA 52325

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-95-16-50

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-7-12-44

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 80 / 88
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: 20091125-42-12-44
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City Carmel State IN Zip Code 46032

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 ▼ 490.00

Date of Receipt: 09 / 30 / 2009
Transaction ID: 20091125-60-12-44
Amount of Each Receipt this Period: 5.00

C.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 09 / 30 / 2009
Transaction ID: 20091125-95-12-44
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 81 / 88
(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)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091124-7-17-9

Amount of Each Receipt this Period
5.00

B.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City State Zip Code
Parnell IA 52325

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091124-42-17-9

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City State Zip Code
Carmel IN 46032

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 ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-59-17-9

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional) ► **35.00**

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 82 / 88
(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)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: 20091124-94-17-9
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 2913 Q Avenue

City Parnell State IA Zip Code 52325

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 ▼ 490.00

Date of Receipt: 11 / 15 / 2009
Transaction ID: 20091125-41-12-10
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Brenda Whan

Mailing Address 15026 Superstar Dr

City Carmel State IN Zip Code 46032

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 ▼ 490.00

Date of Receipt: 11 / 15 / 2009
Transaction ID: 20091125-7-12-10
 Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 83 / 88
(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. Full Name (Last, First, Middle Initial)
Gayle Williams

Mailing Address 114 Carriage Lane

City Logan Tnp State NJ Zip Code 08085

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 ▼ 225.00

Date of Receipt 11 / 15 / 2009
Transaction ID: 20091125-49-12-10
Amount of Each Receipt this Period 25.00

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

Mailing Address 5311 NE 24th Ct

City Newcastle State WA Zip Code 98059

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 ▼ 225.00

Date of Receipt 11 / 15 / 2009
Transaction ID: 20091125-48-12-10
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Julie Young

Mailing Address 94 Perham St

City W Roxbury State MA Zip Code 02132

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Dir. Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2009
Transaction ID: 20091125-21-12-10
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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 84 / 88
(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 State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2009

Transaction ID: 20091124-29-17-14

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2009

Transaction ID: 20091124-82-17-14

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2009

Transaction ID: 20091124-29-16-50

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 85 / 88
(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 State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: 20091124-82-16-50

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: 20091125-29-12-44

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 20091125-82-12-44

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 86 / 88
(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 State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 20091124-29-17-9

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091124-81-17-9

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Michael Zdrojewski

Mailing Address 57 Christian Way

City State Zip Code
North Andover MA 01845

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 ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: 20091125-28-12-10

Amount of Each Receipt this Period
20.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 60.00 |
| TOTAL This Period (last page this line number only) | ▶ | 7385.00 |

**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 87 / 88

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Capuano for Senate Committee <hr/> Mailing Address 172 Central St <hr/> City Somerville State MA Zip Code 02145 <hr/> Purpose of Disbursement 2009 Special Primary Candidate Name Michael E. Capuano <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special | Transaction ID: 04BBEAE9A5F5F9153BC Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special |
| B. Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns <hr/> Mailing Address 438 Lewis Avenue <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 316179AD9722F72C9A0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 0E78BE3C583DF97AD3D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 2500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

PAGE 88 / 88

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | | |
|---|--|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Pascrell for Congress | | Transaction ID: 06F58F78BD6A68ED35C | |
| | Mailing Address PO Box 640 | | Date of Disbursement 07 / 20 / 2009 | |
| City Totowa | | State NJ | Zip Code 07511 | |
| Purpose of Disbursement 2010 Primary | | | Amount of Each Disbursement this Period 2500.00 | |
| Candidate Name William J. Pascrell, Jr. | | | 011 Category/ Type | |
| 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: 08 | | | | |

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

10000.00