

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 _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 07 19 2011

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		15779.50
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	25835.00									
(c) Total Receipts (from Line 19)	3643.50	28199.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29478.50	43978.50								
7. Total Disbursements (from Line 31)	1000.00	15500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28478.50	28478.50								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	3270.00	18385.00
(ii) Unitemized	373.50	9814.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3643.50	28199.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3643.50	28199.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	3643.50	28199.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3643.50	28199.00

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.....	1000.00	15500.00
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))..	1000.00	15500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	15500.00

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)	3643.50	28199.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3643.50	28199.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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) John Billias		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: 343BA7D1E9BC96A2FA1		
	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 Health Systems Manager	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) John Billias		Date of Receipt MM / DD / YYYY 12 / 15 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: 2994F1F0CA85BAD721B		
	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 Health Systems Manager	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Billias		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 130 Sankernando Lane		Transaction ID: A6CF81CA5217C8E73A8		
	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 Health Systems Manager	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 7 / 38
(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)
Kelly Bodiford

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 2011011895133-52

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Kelly Bodiford

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 2011011895440-52

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Kelly Bodiford

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 2011011810140-52

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 8 / 38
(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)
Jennifer Boldizar

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 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 ▼ 600.00

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

Transaction ID: 2011011895133-23

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 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 ▼ 600.00

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

Transaction ID: 2011011895440-23

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 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 ▼ 600.00

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

Transaction ID: 2011011810140-23

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 38
(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)
Kevin Carlin
Mailing Address 1909 Craig St
City Raleigh State NC Zip Code 27608-2107
FEC ID number of contributing federal political committee. C
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2520.00
Date of Receipt MM / DD / YYYY
11 / 30 / 2010
Transaction ID: 2011011895133-22
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 27608-2107
FEC ID number of contributing federal political committee. C
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2520.00
Date of Receipt MM / DD / YYYY
12 / 15 / 2010
Transaction ID: 2011011895440-22
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 27608-2107
FEC ID number of contributing federal political committee. C
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2520.00
Date of Receipt MM / DD / YYYY
12 / 31 / 2010
Transaction ID: 2011011810140-22
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 10 / 38
(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 Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-15

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-15

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-15

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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) Laura De La Garza		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address PO Box 21150		Transaction ID: 2011011895133-18		
	City Bedford	State TX	Zip Code 76095	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Oncology Sales Specialist Aggregate Year-to-Date ▼ 240.00			

B.	Full Name (Last, First, Middle Initial) Laura De La Garza		Date of Receipt MM / DD / YYYY 12 / 15 / 2010		
	Mailing Address PO Box 21150		Transaction ID: 2011011895440-18		
	City Bedford	State TX	Zip Code 76095	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Oncology Sales Specialist Aggregate Year-to-Date ▼ 240.00			

C.	Full Name (Last, First, Middle Initial) Laura De La Garza		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address PO Box 21150		Transaction ID: 2011011810140-18		
	City Bedford	State TX	Zip Code 76095	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Oncology Sales Specialist Aggregate Year-to-Date ▼ 240.00			

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 12 / 38
(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 Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011895133-2

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011895440-2

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: 2011011810140-2

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38

(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		Date of Receipt																					
	Mailing Address 8 Highmeadow Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	3	0	/	2	0	1	0														
	City State Zip Code Weston MA 02493-1941		Transaction ID: 2011011895133-19																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00																						
Name of Employer Millennium Pharmaceuticals Inc.		Occupation President & CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00																						

B.	Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt																					
	Mailing Address 8 Highmeadow Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	1	5	/	2	0	1	0														
	City State Zip Code Weston MA 02493-1941		Transaction ID: 2011011895440-19																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00																						
Name of Employer Millennium Pharmaceuticals Inc.		Occupation President & CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00																						

C.	Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt																					
	Mailing Address 8 Highmeadow Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	3	1	/	2	0	1	0														
	City State Zip Code Weston MA 02493-1941		Transaction ID: 2011011810140-19																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00																						
Name of Employer Millennium Pharmaceuticals Inc.		Occupation President & CEO																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4800.00																						

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 14 / 38
(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)
Tom Fussaro

Mailing Address 1401 H St NW

City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-44

Amount of Each Receipt this Period 10.00

B.

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

Mailing Address 1401 H St NW

City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-44

Amount of Each Receipt this Period 10.00

C.

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

Mailing Address 1401 H St NW

City Washington State DC Zip Code 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 ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-44

Amount of Each Receipt this Period 10.00

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 15 / 38
(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)
James Holmes
Mailing Address 4 Avalon Way
City Altamont State NY Zip Code 12009-3720
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 11 / 30 / 2010
Transaction ID: 2011011895133-38
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
James Holmes
Mailing Address 4 Avalon Way
City Altamont State NY Zip Code 12009-3720
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 12 / 15 / 2010
Transaction ID: 2011011895440-38
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
James Holmes
Mailing Address 4 Avalon Way
City Altamont State NY Zip Code 12009-3720
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00
Date of Receipt 12 / 31 / 2010
Transaction ID: 2011011810140-38
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 16 / 38
	<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	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2029 Cahaba Crest Dr	Transaction ID: 2011011895133-8
	City State Zip Code Vestavia Hls AL 35242-4416	Amount of Each Receipt this Period 30.00
	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 ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Lynne Hunt	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 2029 Cahaba Crest Dr	Transaction ID: 2011011895440-8
	City State Zip Code Vestavia Hls AL 35242-4416	Amount of Each Receipt this Period 30.00
	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 ▼ 720.00	

C.	Full Name (Last, First, Middle Initial) Lynne Hunt	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 2029 Cahaba Crest Dr	Transaction ID: 2011011810140-8
	City State Zip Code Vestavia Hls AL 35242-4416	Amount of Each Receipt this Period 30.00
	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 ▼ 720.00	

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 17 / 38
(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 55044-4491

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 ▼ 510.00

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

Transaction ID: 2011011895133-6

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044-4491

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 ▼ 510.00

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

Transaction ID: 2011011895440-6

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
William Hyden

Mailing Address 18618 Irvine Way

City State Zip Code
Lakeville MN 55044-4491

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 ▼ 510.00

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

Transaction ID: 2011011810140-6

Amount of Each Receipt this Period
100.00

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 18 / 38
(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)
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 ▼ 1200.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-4

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 ▼ 1200.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-4

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 ▼ 1200.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-4

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38
(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) Sabina McCafferty		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 2011011895133-40
City Galena	State OH	Zip Code 43021-8577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 675.00	

B.

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 12 / 15 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 2011011895440-40
City Galena	State OH	Zip Code 43021-8577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 675.00	

C.

Full Name (Last, First, Middle Initial) Sabina McCafferty		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 2639 Pointewood Loop		Transaction ID: 2011011810140-40
City Galena	State OH	Zip Code 43021-8577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 675.00	

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 20 / 38

(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)
Susan McFadden

Mailing Address 855 La Mirada St

City Laguna Beach State CA Zip Code 92651-3752

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 ▼ 240.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-17

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Susan McFadden

Mailing Address 855 La Mirada St

City Laguna Beach State CA Zip Code 92651-3752

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 ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-17

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Susan McFadden

Mailing Address 855 La Mirada St

City Laguna Beach State CA Zip Code 92651-3752

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 ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-17

Amount of Each Receipt this Period 10.00

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 21 / 38
	<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) Isabelle Mercier	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 350th Third St. #1008	Transaction ID: 581CEDEDB02AAA3592C
	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 VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 350th Third St. #1008	Transaction ID: 54469865D0DA2190C17
	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 VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Isabelle Mercier	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 350th Third St. #1008	Transaction ID: 3A45170830460A87F92
	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 VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

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 22 / 38
	<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) Amy Modean		Date of Receipt
	Mailing Address 8312 Deer Pond Trail N		<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
	Lake Elmo	MN	55042
	FEC ID number of contributing federal political committee.		Transaction ID: 9050E822193ECA22818
		Amount of Each Receipt this Period	<input type="text"/>
			25.00
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 ▼	
			425.00

B.	Full Name (Last, First, Middle Initial) Amy Modean		Date of Receipt
	Mailing Address 8312 Deer Pond Trail N		<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
	Lake Elmo	MN	55042
	FEC ID number of contributing federal political committee.		Transaction ID: BD1C7702A518A95652C
		Amount of Each Receipt this Period	<input type="text"/>
			25.00
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 ▼	
			425.00

C.	Full Name (Last, First, Middle Initial) Amy Modean		Date of Receipt
	Mailing Address 8312 Deer Pond Trail N		<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
	Lake Elmo	MN	55042
	FEC ID number of contributing federal political committee.		Transaction ID: FB7C0035D4E71ABAC4D
		Amount of Each Receipt this Period	<input type="text"/>
			25.00
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 ▼	
			425.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
	75.00
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 23 / 38
(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)
Karen Odierna

Mailing Address 5586 Modena PI

City State Zip Code
Sarasota FL 34238-6210

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-12

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Karen Odierna

Mailing Address 5586 Modena PI

City State Zip Code
Sarasota FL 34238-6210

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-12

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Karen Odierna

Mailing Address 5586 Modena PI

City State Zip Code
Sarasota FL 34238-6210

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-12

Amount of Each Receipt this Period 10.00

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 24 / 38

(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)
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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011895133-7

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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011895440-7

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 ▼ 675.00

Date of Receipt

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

Transaction ID: 2011011810140-7

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 25 / 38
(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) Marc Peart		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 17945 Stillmore St		Transaction ID: 2011011895133-42
City Canyon Country	State Zip Code CA 91387-3516	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 ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Marc Peart		Date of Receipt MM / DD / YYYY 12 / 15 / 2010
Mailing Address 17945 Stillmore St		Transaction ID: 2011011895440-42
City Canyon Country	State Zip Code CA 91387-3516	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 ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Marc Peart		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 17945 Stillmore St		Transaction ID: 2011011810140-42
City Canyon Country	State Zip Code CA 91387-3516	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 ▼ 240.00	

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 26 / 38
(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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-35

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-35

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-35

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 27 / 38
(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)
Sara Riedel

Mailing Address 22370 Cypress Wood Ln

City State Zip Code
Boca Raton FL 33428-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-34

Amount of Each Receipt this Period
20.00

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

Mailing Address 22370 Cypress Wood Ln

City State Zip Code
Boca Raton FL 33428-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-34

Amount of Each Receipt this Period
20.00

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

Mailing Address 22370 Cypress Wood Ln

City State Zip Code
Boca Raton FL 33428-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-34

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 / 38
(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 ▼ 675.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 2011011895133-20

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 ▼ 675.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2010

Transaction ID: 2011011895440-20

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 ▼ 675.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: 2011011810140-20

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 29 / 38
(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)
Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 6C8FDEB9C39737B99A0

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: E8C5EE8D4E260466135

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Thomas Rotte

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: E71B5C172340FEC52A3

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 30 / 38
	<input checked="" 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 Rush	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 7331 Booth	Transaction ID: 20101130104026-2
	City State Zip Code Prairie Village KS 66208	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 ▼ 475.00	

B.	Full Name (Last, First, Middle Initial) Elizabeth Rush	Date of Receipt MM / DD / YYYY 12 / 15 / 2010
	Mailing Address 7331 Booth St	Transaction ID: A6CDF8323DA83AA3FD9
	City State Zip Code Prairie Village KS 66208-3358	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 ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth Rush	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 7331 Booth St	Transaction ID: D19CEDA546137E1111B
	City State Zip Code Prairie Village KS 66208-3358	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 ▼ 475.00	

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 31 / 38
(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)
Pamela Schneider

Mailing Address 34 Woburn Abbey Ave

City State Zip Code
Camp Hill PA 17011-1011

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 2011011895133-25

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 34 Woburn Abbey Ave

City State Zip Code
Camp Hill PA 17011-1011

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 2011011895440-25

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 34 Woburn Abbey Ave

City State Zip Code
Camp Hill PA 17011-1011

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: 2011011810140-25

Amount of Each Receipt this Period
10.00

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 32 / 38
(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 Slomka

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 2011011895133-37

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 2011011895440-37

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 31 / 2010

Transaction ID: 2011011810140-37

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 33 / 38
(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)
Mark Vages

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: 3568590F835C41EC557

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mark Vages

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: F7E2010EDDB19EA22B8

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Mark Vages

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

Transaction ID: 2A3AA8E8F3F481C581D

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 34 / 38
(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 Wadlinger

Mailing Address 19 Holly Ridge Rd

City State Zip Code
North Andover MA 01845-4732

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 ▼ 675.00

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

Transaction ID: 2011011895133-5

Amount of Each Receipt this Period
15.00

B.

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

Mailing Address 19 Holly Ridge Rd

City State Zip Code
North Andover MA 01845-4732

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 ▼ 675.00

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

Transaction ID: 2011011895440-5

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
North Andover MA 01845-4732

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 ▼ 675.00

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

Transaction ID: 2011011810140-5

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 35 / 38
(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)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 30 / 2010
Transaction ID: 2FA2B37053ED3B702CE

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2010
Transaction ID: 0260B5E4395DE689486

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Jim Weber

Mailing Address 2913 Q Ave

City Parnell State IA Zip Code 52325-8842

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2010
Transaction ID: C4B502A4EE234DB08C5

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 36 / 38
	<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) Brent Wingerson		Date of Receipt																					
	Mailing Address 5311 NE 24th Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		3	0		2	0	1	0														
	City State Zip Code Newcastle WA 98059-3714		Transaction ID: 2011011895133-27																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) Brent Wingerson		Date of Receipt																					
	Mailing Address 5311 NE 24th Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	5		2	0	1	0														
	City State Zip Code Newcastle WA 98059-3714		Transaction ID: 2011011895440-27																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) Brent Wingerson		Date of Receipt																					
	Mailing Address 5311 NE 24th Ct		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	1	0														
	City State Zip Code Newcastle WA 98059-3714		Transaction ID: 2011011810140-27																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

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 37 / 38
(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 01845-2233

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 2011011895133-41

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 01845-2233

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 2011011895440-41

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 01845-2233

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 2011011810140-41

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)	▶	3270.00

**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 38 / 38

<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)
Scott Brown for US Senate Committee Inc

Transaction ID: 4732CA8CF9C146C8A8C

Date of Disbursement

Mailing Address PO Box 395

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	0

City Wrentham State MA Zip Code 02903

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2012 Primary

011
Category/ Type

Candidate Name
Scott Philip Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00
