



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Millennium Pharmaceuticals Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 44866.50                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 46844.50                |                                   |
| (c) Total Receipts (from Line 19) .....  | 7007.00                 | 20485.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 53851.50                | 65351.50                          |
| 7. Total Disbursements (from Line 31).....   | 2000.00                 | 13500.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 51851.50                | 51851.50                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Millennium Pharmaceuticals Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5915.00                       | 12140.00                          |
| (ii) Unitemized .....   | 1092.00                       | 8345.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 7007.00                       | 20485.00                          |
| (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) .....  | 7007.00                       | 20485.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 7007.00                       | 20485.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 7007.00                       | 20485.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 2000.00                       | 13500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 2000.00                       | 13500.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 2000.00                       | 13500.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 7007.00                       | 20485.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 7007.00                       | 20485.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                          | 0.00                              |

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

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

FOR LINE NUMBER: PAGE 6 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. John Billias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Sankernando Lane  
 City East Amherst State NY Zip Code 14051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-42**  
 Amount of Each Receipt this Period  
 25.00

**B. John Billias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Sankernando Lane  
 City East Amherst State NY Zip Code 14051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-42**  
 Amount of Each Receipt this Period  
 25.00

**C. John Billias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Sankernando Lane  
 City East Amherst State NY Zip Code 14051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-41**  
 Amount of Each Receipt this Period  
 25.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 7 OF 58  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. John Billias**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-41**

Amount of Each Receipt this Period  
 25.00

**B. John Billias**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-41**

Amount of Each Receipt this Period  
 25.00

**C. John Billias**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Sankernando Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-41**

Amount of Each Receipt this Period  
 25.00

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 58                 |
|   | <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**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Timothy Bisson</b>                       |                                       | Date of Receipt   |
| Mailing Address 23 Bevin Rd   |                                       | <input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2012"/> |
| City  | State                                 | Zip Code  |
| Northport   | NY                                    | 11768-1169  |
| FEC ID number of contributing federal political committee.                                |                                       | <b>Transaction ID : 20121002172346-50</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                       | Amount of Each Receipt this Period  |
|   |                                       | <input type="text" value="25.00"/>  |
| Name of Employer  | Occupation                            |   |
| Millennium Pharmaceuticals Inc.   | Director, Regional Account Management |   |
| Receipt For:  | Aggregate Year-to-Date ▼              |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="325.00"/>   |   |
| <input type="checkbox"/> Other (specify) ▼  |                                       |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Timothy Bisson</b>                       |                                       | Date of Receipt   |
| Mailing Address 23 Bevin Rd   |                                       | <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City  | State                                 | Zip Code  |
| Northport   | NY                                    | 11768-1169  |
| FEC ID number of contributing federal political committee.                                |                                       | <b>Transaction ID : 20121002172051-49</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                       | Amount of Each Receipt this Period  |
|   |                                       | <input type="text" value="25.00"/>  |
| Name of Employer  | Occupation                            |   |
| Millennium Pharmaceuticals Inc.   | Director, Regional Account Management |   |
| Receipt For:  | Aggregate Year-to-Date ▼              |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="325.00"/>   |   |
| <input type="checkbox"/> Other (specify) ▼  |                                       |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Timothy Bisson</b>                       |                                       | Date of Receipt   |
| Mailing Address 23 Bevin Rd   |                                       | <input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/> |
| City  | State                                 | Zip Code  |
| Northport   | NY                                    | 11768-1169  |
| FEC ID number of contributing federal political committee.                                |                                       | <b>Transaction ID : 20121002172116-49</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> |                                       | Amount of Each Receipt this Period  |
|   |                                       | <input type="text" value="25.00"/>  |
| Name of Employer  | Occupation                            |   |
| Millennium Pharmaceuticals Inc.   | Director, Regional Account Management |   |
| Receipt For:  | Aggregate Year-to-Date ▼              |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                         | <input type="text" value="325.00"/>   |   |
| <input type="checkbox"/> Other (specify) ▼  |                                       |   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="75.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>               |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 58  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Timothy Bisson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Bevin Rd  
City Northport State NY Zip Code 11768-1169  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : 20121002172149-49**  
Amount of Each Receipt this Period 25.00

**B. Timothy Bisson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Bevin Rd  
City Northport State NY Zip Code 11768-1169  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Regional Account Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : 20121002172216-49**  
Amount of Each Receipt this Period 25.00

**C. Kelly Bodiford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 710 Conesus Ln  
City Winter Springs State FL Zip Code 32708-5519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 15 / 2012  
**Transaction ID : 20121002172316-45**  
Amount of Each Receipt this Period 25.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 10 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kelly Bodiford</b>   |   | Date of Receipt<br>07 / 30 / 2012<br><b>Transaction ID : 20121002172346-45</b> |
| Mailing Address 710 Conesus Ln  |   | Amount of Each Receipt this Period<br>25.00                                    |
| City<br>Winter Springs  | State<br>FL   | Zip Code<br>32708-5519   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kelly Bodiford</b>   |   | Date of Receipt<br>08 / 15 / 2012<br><b>Transaction ID : 20121002172051-44</b> |
| Mailing Address 710 Conesus Ln  |   | Amount of Each Receipt this Period<br>25.00                                    |
| City<br>Winter Springs  | State<br>FL   | Zip Code<br>32708-5519   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kelly Bodiford</b>   |   | Date of Receipt<br>08 / 31 / 2012<br><b>Transaction ID : 20121002172116-44</b> |
| Mailing Address 710 Conesus Ln  |   | Amount of Each Receipt this Period<br>25.00                                    |
| City<br>Winter Springs  | State<br>FL   | Zip Code<br>32708-5519   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 11 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kelly Bodiford</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 15 / 2012<br><b>Transaction ID : 20121002172149-44</b> |
| Mailing Address 710 Conesus Ln  |   | Amount of Each Receipt this Period<br>25.00  |
| City<br>Winter Springs  | State<br>FL   | Zip Code<br>32708-5519   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kelly Bodiford</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2012<br><b>Transaction ID : 20121002172216-44</b> |
| Mailing Address 710 Conesus Ln  |   | Amount of Each Receipt this Period<br>25.00  |
| City<br>Winter Springs  | State<br>FL   | Zip Code<br>32708-5519   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jennifer Boldizar</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2012<br><b>Transaction ID : 20121002172316-20</b> |
| Mailing Address 3618 Swans Landing Dr   |   | Amount of Each Receipt this Period<br>25.00  |
| City<br>Land O Lakes  | State<br>FL   | Zip Code<br>34639-4439   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 58   |
| <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. Jennifer Boldizar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3618 Swans Landing Dr  
City Land O Lakes State FL Zip Code 34639-4439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 30 / 2012  
**Transaction ID : 20121002172346-20**  
Amount of Each Receipt this Period 25.00

**B. Jennifer Boldizar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3618 Swans Landing Dr  
City Land O Lakes State FL Zip Code 34639-4439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : 20121002172051-20**  
Amount of Each Receipt this Period 25.00

**C. Jennifer Boldizar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3618 Swans Landing Dr  
City Land O Lakes State FL Zip Code 34639-4439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : 20121002172116-20**  
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 13 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jennifer Boldizar</b>  |                                     | Date of Receipt   |
| Mailing Address 3618 Swans Landing Dr   |                                     | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| Land O Lakes  | FL                                  | 34639-4439  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : 20121002172149-20</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Millennium Pharmaceuticals Inc.   | Sr. Oncology Sales Specialist       | <input type="text" value="25.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="450.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Jennifer Boldizar</b>  |                                     | Date of Receipt   |
| Mailing Address 3618 Swans Landing Dr   |                                     | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/> |
| City  | State                               | Zip Code  |
| Land O Lakes  | FL                                  | 34639-4439  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : 20121002172216-20</b>   |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| Millennium Pharmaceuticals Inc.   | Sr. Oncology Sales Specialist       | <input type="text" value="25.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="450.00"/> |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Kevin Carlin</b>   |                                      | Date of Receipt   |
| Mailing Address 1909 Craig St   |                                      | <input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2012"/> |
| City  | State                                | Zip Code  |
| Raleigh   | NC                                   | 27608-2107  |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       | <b>Transaction ID : 20121002172316-19</b>   |
| Name of Employer  | Occupation                           | Amount of Each Receipt this Period  |
| Millennium Pharmaceuticals Inc.   | Sales Director                       | <input type="text" value="105.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1890.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="155.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 14 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Kevin Carlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-19**  
 Amount of Each Receipt this Period  
 105.00

**B. Kevin Carlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-19**  
 Amount of Each Receipt this Period  
 105.00

**C. Kevin Carlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Craig St  
 City Raleigh State NC Zip Code 27608-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1890.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-19**  
 Amount of Each Receipt this Period  
 105.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 315.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 58                |
|   | <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. Kevin Carlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : 20121002172149-19**

Amount of Each Receipt this Period 105.00

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : 20121002172216-19**

Amount of Each Receipt this Period 105.00

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 15 / 2012  
**Transaction ID : 20121002172316-12**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 260.00

**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 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **900.00**

Date of Receipt  
**07 / 30 / 2012**  
**Transaction ID : 20121002172346-12**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**08 / 15 / 2012**  
**Transaction ID : 20121002172051-12**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**08 / 31 / 2012**  
**Transaction ID : 20121002172116-12**

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 17 OF 58                |
|   | <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**

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

Mailing Address 4 Oatsfield Cir

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Penfield | State<br>NY | Zip Code<br>14526-9554 |
|------------------|-------------|------------------------|

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

|   |                           |
|---|---------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Manager |
|---|---------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-12**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

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

Mailing Address 4 Oatsfield Cir

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Penfield | State<br>NY | Zip Code<br>14526-9554 |
|------------------|-------------|------------------------|

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

|   |                           |
|---|---------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Manager |
|---|---------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2012        |

**Transaction ID : 20121002172216-12**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

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

Mailing Address 4 Shelly Ln

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Westford | State<br>MA | Zip Code<br>01886-4522 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>VP Commercial Operations |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    | / | 15    | / | 2012        |

**Transaction ID : 20121002172316-2**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>150.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

FOR LINE NUMBER: PAGE 18 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4 Shelly Ln

City State Zip Code  
 Westford MA 01886-4522

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

Name of Employer Occupation  
 Millennium Pharmaceuticals Inc. VP Commercial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : 20121002172346-2**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
 Millennium Pharmaceuticals Inc. VP Commercial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2012**

**Transaction ID : 20121002172051-2**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Millennium Pharmaceuticals Inc. VP Commercial Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : 20121002172116-2**

Amount of Each Receipt this Period  
**50.00**

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 58                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Sandra DiCesare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Shelly Ln  
City Westford State MA Zip Code 01886-4522  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2012  
**Transaction ID : 20121002172149-2**  
Amount of Each Receipt this Period  
50.00

**B. Sandra DiCesare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Shelly Ln  
City Westford State MA Zip Code 01886-4522  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2012  
**Transaction ID : 20121002172216-2**  
Amount of Each Receipt this Period  
50.00

**C. Deborah Dunsire**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Highmeadow Rd  
City Weston State MA Zip Code 02493-1941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2012  
**Transaction ID : 20121002172316-16**  
Amount of Each Receipt this Period  
200.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 20 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Deborah Dunsire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Highmeadow Rd  
 City Weston State MA Zip Code 02493-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-16**  
 Amount of Each Receipt this Period  
 200.00

**B. Deborah Dunsire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Highmeadow Rd  
 City Weston State MA Zip Code 02493-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-16**  
 Amount of Each Receipt this Period  
 200.00

**C. Deborah Dunsire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Highmeadow Rd  
 City Weston State MA Zip Code 02493-1941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-16**  
 Amount of Each Receipt this Period  
 200.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 21 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)  
**A. Deborah Dunsire**

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 02493-1941

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-16**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Deborah Dunsire**

Mailing Address 8 Highmeadow Rd

City Weston State MA Zip Code 02493-1941

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-16**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. David Gibbs**

Mailing Address 5 Lakeview Pointe Ct

City Lake St Louis State MO Zip Code 63367-4324

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 ▼ **325.00**

Date of Receipt  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-48**

Amount of Each Receipt this Period  
**25.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>425.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 22 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 ▼ 325.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : 20121002172051-47**  
Amount of Each Receipt this Period 25.00

**B. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 ▼ 325.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : 20121002172116-47**  
Amount of Each Receipt this Period 25.00

**C. David Gibbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Lakeview Pointe Ct  
City Lake St Louis State MO Zip Code 63367-4324  
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 ▼ 325.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : 20121002172149-47**  
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 23 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. David Gibbs**

Mailing Address 5 Lakeview Pointe Ct

City State Zip Code  
Lake St Louis MO 63367-4324

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

Name of Employer Occupation  
Millennium Pharmaceuticals Inc. Regional Sales Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-47**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. William Hamarich**

Mailing Address 28 Ambassador Way

City State Zip Code  
Jackson NJ 08527-2881

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-46**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 28 Ambassador Way

City State Zip Code  
Jackson NJ 08527-2881

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-46**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 24 OF 58                |
|   | <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. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : 20121002172051-45**  
Amount of Each Receipt this Period 50.00

**B. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : 20121002172116-45**  
Amount of Each Receipt this Period 50.00

**C. William Hamarich**  
Full Name (Last, First, Middle Initial)  
Mailing Address 28 Ambassador Way  
City Jackson State NJ Zip Code 08527-2881  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : 20121002172149-45**  
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 25 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)  
**A. William Hamarich**

Mailing Address 28 Ambassador Way

City Jackson State NJ Zip Code 08527-2881

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2012**  
**Transaction ID : 20121002172216-45**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 15 / 2012**  
**Transaction ID : 20121002172316-33**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2012**  
**Transaction ID : 20121002172346-33**

Amount of Each Receipt this Period  
**20.00**

**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 26 OF 58  
(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. James Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Avalon Way  
 City Altamont State NY Zip Code 12009-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-32**  
 Amount of Each Receipt this Period  
 20.00

**B. James Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Avalon Way  
 City Altamont State NY Zip Code 12009-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-32**  
 Amount of Each Receipt this Period  
 20.00

**C. James Holmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Avalon Way  
 City Altamont State NY Zip Code 12009-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-32**  
 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 27 OF 58                |
|   | <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. James Holmes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4 Avalon Way  
City Altamont State NY Zip Code 12009-3720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager, Sales Training  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : 20121002172216-32**  
Amount of Each Receipt this Period **200.00**

**B. Elizabeth Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Cressbrook Rd  
City Concord State MA Zip Code 01742-5304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 15 / 2012**  
**Transaction ID : 20121002172316-4**  
Amount of Each Receipt this Period **50.00**

**C. Elizabeth Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Cressbrook Rd  
City Concord State MA Zip Code 01742-5304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 30 / 2012**  
**Transaction ID : 20121002172346-4**  
Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**  
**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 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 01742-5304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-4**  
 Amount of Each Receipt this Period  
 50.00

**B. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 01742-5304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-4**  
 Amount of Each Receipt this Period  
 50.00

**C. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City State Zip Code  
 Concord MA 01742-5304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-4**  
 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: (check only one)       | PAGE 29 OF 58                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Elizabeth Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Cressbrook Rd  
 City 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-4**  
 Amount of Each Receipt this Period  
 50.00

**B. Sabina McCafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2639 Pointewood Loop  
 City State Zip Code  
 Galena OH 43021-8577  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-35**  
 Amount of Each Receipt this Period  
 15.00

**C. Sabina McCafferty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2639 Pointewood Loop  
 City State Zip Code  
 Galena OH 43021-8577  
 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-34**  
 Amount of Each Receipt this Period  
 15.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 58                |
|   | <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. Sabina McCafferty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2639 Pointewood Loop

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Galena | OH    | 43021-8577 |

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

|                                 |                        |
|---------------------------------|------------------------|
| Name of Employer                | Occupation             |
| Millennium Pharmaceuticals Inc. | Health Systems Manager |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2012        |

**Transaction ID : 20121002172116-34**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**B. Sabina McCafferty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2639 Pointewood Loop

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Galena | OH    | 43021-8577 |

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

|                                 |                        |
|---------------------------------|------------------------|
| Name of Employer                | Occupation             |
| Millennium Pharmaceuticals Inc. | Health Systems Manager |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-34**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**C. Sabina McCafferty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2639 Pointewood Loop

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Galena | OH    | 43021-8577 |

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

|                                 |                        |
|---------------------------------|------------------------|
| Name of Employer                | Occupation             |
| Millennium Pharmaceuticals Inc. | Health Systems Manager |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2012        |

**Transaction ID : 20121002172216-34**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>45.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 31 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-40**  
 Amount of Each Receipt this Period  
 25.00

**B. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-40**  
 Amount of Each Receipt this Period  
 25.00

**C. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-39**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 32 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-39**  
 Amount of Each Receipt this Period  
 25.00

**B. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-39**  
 Amount of Each Receipt this Period  
 25.00

**C. Isabelle Mercier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350th Third St. #1008  
 City Cambridge State MA Zip Code 02142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-39**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

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

FOR LINE NUMBER: PAGE 33 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8312 Deer Pond Trl N

City State Zip Code  
 Lake Elmo MN 55042-9523

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

Name of Employer Occupation  
 Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-43**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 8312 Deer Pond Trl N

City State Zip Code  
 Lake Elmo MN 55042-9523

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

Name of Employer Occupation  
 Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-43**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 8312 Deer Pond Trl N

City State Zip Code  
 Lake Elmo MN 55042-9523

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

Name of Employer Occupation  
 Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-42**

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 34 OF 58   |
| <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. Amy Modean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8312 Deer Pond Trl N

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lake Elmo | State<br>MN | Zip Code<br>55042-9523 |
|-------------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Health Systems Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2012        |

**Transaction ID : 20121002172116-42**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

**B. Amy Modean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8312 Deer Pond Trl N

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lake Elmo | State<br>MN | Zip Code<br>55042-9523 |
|-------------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Health Systems Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-42**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

**C. Amy Modean**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8312 Deer Pond Trl N

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lake Elmo | State<br>MN | Zip Code<br>55042-9523 |
|-------------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Health Systems Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2012        |

**Transaction ID : 20121002172216-42**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>75.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

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

FOR LINE NUMBER: PAGE 35 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 46 Harbour View Pl

City State Zip Code  
 Stratford CT 06615-7008

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-51**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 46 Harbour View Pl

City State Zip Code  
 Stratford CT 06615-7008

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-50**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 46 Harbour View Pl

City State Zip Code  
 Stratford CT 06615-7008

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-50**

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 36 OF 58  
(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. Kim Pierwoka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Harbour View Pl  
 City Stratford State CT Zip Code 06615-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-50**  
 Amount of Each Receipt this Period  
 25.00

**B. Kim Pierwoka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 46 Harbour View Pl  
 City Stratford State CT Zip Code 06615-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-50**  
 Amount of Each Receipt this Period  
 25.00

**C. Joe Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Legion Rd  
 City Weston State MA Zip Code 02493-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-30**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**07 / 30 / 2012**  
**Transaction ID : 20121002172346-30**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**08 / 15 / 2012**  
**Transaction ID : 20121002172051-29**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 3 Legion Rd

City Weston State MA Zip Code 02493-2119

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**08 / 31 / 2012**  
**Transaction ID : 20121002172116-29**

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 38 OF 58  
(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. Joe Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Legion Rd  
 City Weston State MA Zip Code 02493-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-29**  
 Amount of Each Receipt this Period  
 50.00

**B. Joe Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Legion Rd  
 City Weston State MA Zip Code 02493-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, US Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-29**  
 Amount of Each Receipt this Period  
 50.00

**C. Sara Riedel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22370 Cypress Wood Ln  
 City Boca Raton State FL Zip Code 33428-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-29**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**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 39 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sara Riedel</b>  |   | Date of Receipt<br>07 / 30 / 2012<br><b>Transaction ID : 20121002172346-29</b> |
| Mailing Address 22370 Cypress Wood Ln   |   | Amount of Each Receipt this Period<br>20.00                                    |
| City<br>Boca Raton  | State<br>FL   | Zip Code<br>33428-3845   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sara Riedel</b>  |   | Date of Receipt<br>08 / 15 / 2012<br><b>Transaction ID : 20121002172051-28</b> |
| Mailing Address 22370 Cypress Wood Ln   |   | Amount of Each Receipt this Period<br>20.00                                    |
| City<br>Boca Raton  | State<br>FL   | Zip Code<br>33428-3845   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sara Riedel</b>  |   | Date of Receipt<br>08 / 31 / 2012<br><b>Transaction ID : 20121002172116-28</b> |
| Mailing Address 22370 Cypress Wood Ln   |   | Amount of Each Receipt this Period<br>20.00                                    |
| City<br>Boca Raton  | State<br>FL   | Zip Code<br>33428-3845   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

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

FOR LINE NUMBER: PAGE 40 OF 58  
(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. Sara Riedel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22370 Cypress Wood Ln  
 City Boca Raton State FL Zip Code 33428-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-28**  
 Amount of Each Receipt this Period  
 20.00

**B. Sara Riedel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22370 Cypress Wood Ln  
 City Boca Raton State FL Zip Code 33428-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-28**  
 Amount of Each Receipt this Period  
 20.00

**C. Warren Rohal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29655 Fran Drive  
 City Evergreen State CO Zip Code 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 ▼ 270.00

Date of Receipt  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-17**  
 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 OF 58                |
|   | <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. Warren Rohal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29655 Fran Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Evergreen | State<br>CO | Zip Code<br>80439 |
|-------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 15    | / | 2012        |

**Transaction ID : 20121002172051-17**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**B. Warren Rohal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29655 Fran Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Evergreen | State<br>CO | Zip Code<br>80439 |
|-------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2012        |

**Transaction ID : 20121002172116-17**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**C. Warren Rohal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29655 Fran Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Evergreen | State<br>CO | Zip Code<br>80439 |
|-------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Sr. Oncology Sales Specialist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-17**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 45.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 42 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Warren Rohal</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2012<br><b>Transaction ID : 20121002172216-17</b> |
| Mailing Address 29655 Fran Drive  |   | Amount of Each Receipt this Period<br>65.00  |
| City<br>Evergreen   | State<br>CO   | Zip Code<br>80439  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. |  |
| Occupation<br>Sr. Oncology Sales Specialist   |   | Aggregate Year-to-Date ▼<br>270.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas Rotte</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2012<br><b>Transaction ID : 20121002172316-41</b> |
| Mailing Address 4530 Promenade Ln   |   | Amount of Each Receipt this Period<br>25.00  |
| City<br>Sylvania  | State<br>OH   | Zip Code<br>43560-2984   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. |  |
| Occupation<br>Health Systems Manager  |   | Aggregate Year-to-Date ▼<br>450.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Thomas Rotte</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 30 / 2012<br><b>Transaction ID : 20121002172346-41</b> |
| Mailing Address 4530 Promenade Ln   |   | Amount of Each Receipt this Period<br>25.00  |
| City<br>Sylvania  | State<br>OH   | Zip Code<br>43560-2984   |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Millennium Pharmaceuticals Inc. |  |
| Occupation<br>Health Systems Manager  |   | Aggregate Year-to-Date ▼<br>450.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 58                |
|   | <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. Thomas Rotte**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code  
Sylvania OH 43560-2984

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

Name of Employer Occupation  
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 15 / 2012  
**Transaction ID : 20121002172051-40**

Amount of Each Receipt this Period  
25.00

**B. Thomas Rotte**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code  
Sylvania OH 43560-2984

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

Name of Employer Occupation  
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 31 / 2012  
**Transaction ID : 20121002172116-40**

Amount of Each Receipt this Period  
25.00

**C. Thomas Rotte**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Promenade Ln

City State Zip Code  
Sylvania OH 43560-2984

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

Name of Employer Occupation  
Millennium Pharmaceuticals Inc. Health Systems Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 15 / 2012  
**Transaction ID : 20121002172149-40**

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 44 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Thomas Rotte**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-40**  
 Amount of Each Receipt this Period  
 25.00

**B. Elizabeth Rush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7331 Booth St  
 City State Zip Code  
 Prairie Village KS 66208-3358  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-3**  
 Amount of Each Receipt this Period  
 25.00

**C. Elizabeth Rush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7331 Booth St  
 City State Zip Code  
 Prairie Village KS 66208-3358  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-3**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 58                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Elizabeth Rush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7331 Booth St  
City State Zip Code  
Prairie Village KS 66208-3358  
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 **450.00**

Date of Receipt  
**08 / 15 / 2012**  
**Transaction ID : 20121002172051-3**  
Amount of Each Receipt this Period  
**25.00**

**B. Elizabeth Rush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7331 Booth St  
City State Zip Code  
Prairie Village KS 66208-3358  
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 **450.00**

Date of Receipt  
**08 / 31 / 2012**  
**Transaction ID : 20121002172116-3**  
Amount of Each Receipt this Period  
**25.00**

**C. Elizabeth Rush**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7331 Booth St  
City State Zip Code  
Prairie Village KS 66208-3358  
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 **450.00**

Date of Receipt  
**09 / 15 / 2012**  
**Transaction ID : 20121002172149-3**  
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 46 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Elizabeth Rush**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7331 Booth St  
 City State Zip Code  
 Prairie Village KS 66208-3358  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-3**  
 Amount of Each Receipt this Period  
 25.00

**B. Robert Slomka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Forest Knoll Ct  
 City State Zip Code  
 Fishers IN 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-32**  
 Amount of Each Receipt this Period  
 25.00

**C. Robert Slomka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Forest Knoll Ct  
 City State Zip Code  
 Fishers IN 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-32**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 58                |
|   | <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. Robert Slomka**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Forest Knoll Ct

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Fishers | State<br>IN | Zip Code<br>46037-9753 |
|-----------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Regional Sales Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 15    | / | 2012        |

**Transaction ID : 20121002172051-31**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

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

Mailing Address 206 Forest Knoll Ct

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Fishers | State<br>IN | Zip Code<br>46037-9753 |
|-----------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Regional Sales Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2012        |

**Transaction ID : 20121002172116-31**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

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

Mailing Address 206 Forest Knoll Ct

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Fishers | State<br>IN | Zip Code<br>46037-9753 |
|-----------------|-------------|------------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>Millennium Pharmaceuticals Inc. | Occupation<br>Regional Sales Manager |
|---|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-31**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>75.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 48 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Robert Slomka**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-31**  
 Amount of Each Receipt this Period  
 25.00

**B. Mary Wadlinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Holly Ridge Rd  
 City North Andover State MA Zip Code 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-5**  
 Amount of Each Receipt this Period  
 15.00

**C. Mary Wadlinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Holly Ridge Rd  
 City North Andover State MA Zip Code 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 ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-5**  
 Amount of Each Receipt this Period  
 15.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 55.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 58                |
|   | <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. Mary Wadlinger**  
Full Name (Last, First, Middle Initial)

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                | Occupation                |
| Millennium Pharmaceuticals Inc. | Sr. Dir., Human Resources |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 31    | / | 2012        |

**Transaction ID : 20121002172116-5**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**B. Mary Wadlinger**  
Full Name (Last, First, Middle Initial)

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                | Occupation                |
| Millennium Pharmaceuticals Inc. | Sr. Dir., Human Resources |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 15    | / | 2012        |

**Transaction ID : 20121002172149-5**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

**C. Mary Wadlinger**  
Full Name (Last, First, Middle Initial)

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                | Occupation                |
| Millennium Pharmaceuticals Inc. | Sr. Dir., Human Resources |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 30    | / | 2012        |

**Transaction ID : 20121002172216-5**

Amount of Each Receipt this Period  

|       |
|-------|
| 15.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>45.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

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

FOR LINE NUMBER: PAGE 50 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-10**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-10**  
 Amount of Each Receipt this Period  
 25.00

**C. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-10**  
 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: PAGE 51 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-10**  
 Amount of Each Receipt this Period  
 25.00

**B. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-10**  
 Amount of Each Receipt this Period  
 25.00

**C. Jim Weber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2913 Q Ave  
 City Parnell State IA Zip Code 52325-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-10**  
 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: PAGE 52 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp      State NJ      Zip Code 08085-1550

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : 20121002172346-49**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp      State NJ      Zip Code 08085-1550

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 15 / 2012**

**Transaction ID : 20121002172051-48**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp      State NJ      Zip Code 08085-1550

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : 20121002172116-48**

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 53 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp      State NJ      Zip Code 08085-1550

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-48**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. Gayle Williams**

Mailing Address 114 Carriage Ln

City Logan Twp      State NJ      Zip Code 08085-1550

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-48**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 5311 NE 24th Ct

City Newcastle      State WA      Zip Code 98059-3714

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-23**

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: (check only one)                                      | PAGE 54 OF 58   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Brent Wingerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5311 NE 24th Ct  
 City Newcastle State WA Zip Code 98059-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2012  
**Transaction ID : 20121002172346-23**  
 Amount of Each Receipt this Period  
 25.00

**B. Brent Wingerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5311 NE 24th Ct  
 City Newcastle State WA Zip Code 98059-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2012  
**Transaction ID : 20121002172051-23**  
 Amount of Each Receipt this Period  
 25.00

**C. Brent Wingerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5311 NE 24th Ct  
 City Newcastle State WA Zip Code 98059-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : 20121002172116-23**  
 Amount of Each Receipt this Period  
 25.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 75.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

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

FOR LINE NUMBER: PAGE 55 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Brent Wingerson**  
 Mailing Address 5311 NE 24th Ct  
 City State Zip Code  
 Newcastle WA 98059-3714  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012  
**Transaction ID : 20121002172149-23**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Brent Wingerson**  
 Mailing Address 5311 NE 24th Ct  
 City State Zip Code  
 Newcastle WA 98059-3714  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2012  
**Transaction ID : 20121002172216-23**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Millennium Pharmaceuticals Inc. Director, Sales Strategy  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2012  
**Transaction ID : 20121002172316-36**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 58  
(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. Michael Zdrojewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Christian Way  
 City North Andover State MA Zip Code 01845-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 30 / 2012  
**Transaction ID : 20121002172346-36**  
 Amount of Each Receipt this Period 20.00

**B. Michael Zdrojewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Christian Way  
 City North Andover State MA Zip Code 01845-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 15 / 2012  
**Transaction ID : 20121002172051-35**  
 Amount of Each Receipt this Period 20.00

**C. Michael Zdrojewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Christian Way  
 City North Andover State MA Zip Code 01845-2233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : 20121002172116-35**  
 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 57 OF 58  
(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. Michael Zdrojewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Christian Way  
City North Andover State MA Zip Code 01845-2233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 15 / 2012  
**Transaction ID : 20121002172149-35**  
Amount of Each Receipt this Period 20.00

**B. Michael Zdrojewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 57 Christian Way  
City North Andover State MA Zip Code 01845-2233  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Millennium Pharmaceuticals Inc. Occupation Director, Sales Strategy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : 20121002172216-35**  
Amount of Each Receipt this Period 20.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 40.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 5915.00 |

**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)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)

**A. John Kerry for Senate**

Mailing Address PO Box 6022

City Boston State MA Zip Code 02114

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**John Forbes Kerry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 16 / 2012

Transaction ID : 8283278EB5F0BF2F179

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. The Congressman Joe Barton Committee**

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement  
2012 General

011

Candidate Name

**Joe L. Barton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2012

Transaction ID : 47CA4C40081AABC7F75

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

2000.00