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THE MEDICUNES COMPANY

April 12, 2010

VIA FEDERAL EXPRESS

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

To Whom It May Concern:

Enclosed please find The Medicines Company Political Action Committee on FEC Form 3X, Report of Receipts and Disbursements for the first quarter 2010.

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

Very truly yours,


Paul M. Antinori
Senior Vice President and General Counsel

## Enclosures



REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF TYPE OR PRINT $\nabla$

Example: If typing, type over the lines.
12 FE 4 M 5

- mex man

The Medicines Cqmpany Pqlitigal Action Cornmitteq $\qquad$
1 ADDRESS (number and street)
8 Sylyan Way

Check if different than previously
reported. (ACC)

| Parsippapy ${ }_{\text {/ }}$ |
| :---: |

2. FEC IDENTIFICATION NUMBER

CITY A
STATE
ZIP CODE A
3. IS THIS NEW
(N)

AMENDED
(A)
4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:


April 15 Quarterly Report (Q1)

July 15
Quarterly Report (Q2)
October 15
Quarterly Report (Q3)
$\square$
January 31
Year-End Report (YE)


July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)
(b)

Monthly
Report
4
Feb 20 (M2) Due On:


Mar 20 (M3)
Apr 20 (M4)

Primary (12P)
T
General.(12G)
Special (12S)
PRE-Election Report for the:

Convention (12C)


Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)


Election on
(d) 30-Day

POST-Election
IJ
General (30G)
Report for the:


I Runoff (12R)

in the
State of
?
Runoff (30R)
mas
Special (30S)

5. Covering Period

through


I certify that I have examined this Report and to the best of my knowiedge and belief it is true, correct and complete.
Type or Print Name of Treasurer

Signature of Treasurer


Date


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of $\mathbf{2}$ U.S.C. § $\mathbf{8} 437 \mathrm{~g}$.
$\square$

| Office |
| :---: |
| Use |
| Only |

## SUMMARY PAGE <br> OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
The Medicines Company Political Action Committee

Report Covering the Period:
From:

To:

COLUMN A This Period

## COLUMN B <br> Calendar Year-to-Date

6. (a) Cash on Hand

(b) Cash on Hand at Beginning of Reporting Period $\qquad$ ,


Hex:
(c) Total Receipts (from Line 1 $\qquad$
(1) $\$ 15,834.16$
(d) Subtotal (add Lines 6(b) and

6(c) for Column $A$ and Lines 6(a) and 6(c) for Column B) $\qquad$



8. Cash on Hand at Close of

Reporting Period

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) $\qquad$
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D). $\qquad$


This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further Information contact:

## Federal Election Commission 999 E Street, NW <br> Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

## Write or Type Committee Name

The Medicines Company Political Action Committee

| Report Covering the Period: | From: |  | To: |  |
| :---: | :---: | :---: | :---: | :---: |
| I. Recelpts |  | COLUMN A Total This Period |  | COLUMN B <br> Calendar Year-to-Date |

(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)
(ii) Unitemized
(iii) TOTAL (add Lines 11 (a)(i) and (ii) $\qquad$
(b) Political Party Committees
(c) Other Political Committees (such as PACs).
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)
12. Transfers From Affiliated/Other Party Committees
13. All Loans Received $\qquad$
14. Loan Repayments Received.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) $\qquad$
W-

|  |
| :---: |
|  |  |
|  |  |
|  |  |



$\square$
$\$ 3,500.00$
19. Total Receipts (add Lines $11(\mathrm{~d})$, $12,13,14,15,16,17$, and $18(\mathrm{c})) \ldots . . . .$.
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .........
$\sqrt{6}{ }^{3}$


## II. Disbursements

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share
(ii) Non-Federal Share.
(b) Other Federal Operating Expenditures
(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))
22. Transfers to Affiliated/Other Party

Committees.
23. Contributions to

Federal Candidates/Committees
and Other Political Committees.
24. Independent Expenditures (use Schedule E)
25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule $F$ ).
26. Loan Repayments Made
27. Loans Made.
28. Refunds of Contributions To:
(a) Individuals/Persons Other

Than Political Committees
(b) Political Party Committees
(c) Other Political Committees (such as PACs).
(d) Total Contribution Refunds (add Lines 28(a). (b), and (c))
29. Other Disbursements $\qquad$
30. Federal Election Activity (2 U.S.C. $\$ 431(20)$ )
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share
(b) Federal Election Activity Paid Entirely With Federal Funds
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
32. Total Federal Disbursements
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31). $\qquad$

COLUMN A Total This Period

## COLUMN B Calendar Year-to-Date



(

## III. Net Contributions/Operating Expenditures

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

| COLUMN A <br> Total This Period | COLUMN B <br> Calendar Year-to-Date |
| :---: | :---: |
|  |  |

## SCHEDULE A (FEC Form 3X)

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

FOR LINE NUMBĖR: PAGE 10 OF 1 (check only one)


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

## NAME OF COMMITTEE (In Full)

## The Medicines Company Political Action Committee

| Full Name (Last, First, Middle In A. Clive Meanwell |  | Date of Receipt |
| :---: | :---: | :---: |
| Mailing Address 8 Sylvan Way |  | $\text { [03 TO4 } \quad 2010$ |
| City <br> Parsippany | State Zip Code <br> NJ $07054-3801$ | Amount of Each Receipt this Period <br>  tman- $\$ 3,500.00$ check |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer <br> The Medicines Company | Occupation Chief Executive Officer |  |
| Receipl For: $\square$ Primary $\square$ General Other (specify) | Aggregate Year-to-Date $\quad \$ 3,500.00$ |  |
| Full Name (Last, First, Middle Initial) |  | Date of Receipt |
| B. |  |  |
| Mailing Address |  |  |
| City | State Zip Code |  |
|  |  | Amount of Each Receipt this Period $\square$ <br>  |
| FEC ID number of contributing federal political committee. |  |  |
| Name of Employer | Occupation |  |
| Receipt For:Primary $\quad \square$ General <br> Other (specify) $\nabla$ |  |  |
| Full Name (Last, First, Middle Initial) |  | Date of Receipt |
| c. |  |  |
| Mailing Address |  |  |
| City | State Zip Code |  |
|  |  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political commiltee. | C |  |
| Name of Employer | Occupation |  |
|  | Aggregate Year-to-Date开 |  |
| SUBTOTAL of Receipts This Page (optional) ............................................................... |  |  |
| TOTAL This Period (last page this | nly) ........................................................ |  |

## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: $\quad$ PAGE 1 OF 1 (check only one)


Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.
name of COMmITTEE (In Full)
The Medicines Company Political Action Committee
Full Name (Last, First, Middle Initial)
A.

Martha Coakley For Senate Committee
Mailing Address


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

Friends Of Schumer
Mailing Address
509 Madison Ave Suite 1902

| City New York | State NY | $\begin{gathered} \hline \text { Zip Code } \\ 10022 \end{gathered}$ |  |
| :---: | :---: | :---: | :---: |
| Purpose of Disbursement <br> Contribution: Charles Schumer (D-NY) |  |  | $011$ |
| Candidate Nam Sen. Charl |  |  | Category/ Type |


| Office Sought: | House | Disbursement For: 2010 |
| :---: | :---: | :---: |
|  | Senate President | $\square \begin{aligned} & \text { Primary } \quad \square \text { General } \\ & \text { Other (specify) } \end{aligned}$ |
| State: NY | District: |  |

## Date of Disbursement

03 2920

Amount of Each Disbursement this Period - $\$ 2,000.00$

Contribution: Charles Schumer (D-NY)

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

| Mailing Address |  |  |  |
| :---: | :---: | :---: | :---: |
| City |  | State Zip Code |  |
| Purpose of Disbursement |  |  |  |
| Candidate Name |  |  |  |
| Office Sought: <br> State: | House <br> Senate <br> President ict: |  |  |


| SUBTOTAL of Disbursements This Page (optional) .............................................................. |
| :--- | :--- |
| TOTAL This Period (last page this line number only) ........................................................................... |

Federal Election Commission
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Next Business Day Delivery

$\square$ Received from House Records \& Registration Office
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Date of Receipt
$\square$ Received from Electronic Filing Office

Other (Specify):
Date of Receipt

$\square$

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| :--- | :---: |
| CAl | $4 / 13 / \iota \Delta$ |
| PREPARER | DATE PREPARED |
| $(3 / 2005)$ |  |

