

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		28478.50
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	28478.50									
(c) Total Receipts (from Line 19)	13344.00	13344.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41822.50	41822.50								
7. Total Disbursements (from Line 31)	5500.00	5500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36322.50	36322.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Millennium Pharmaceuticals Inc. PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6295.00	6295.00
(ii) Unitemized	7049.00	7049.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13344.00	13344.00
(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)	13344.00	13344.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13344.00	13344.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13344.00	13344.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5500.00	5500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5500.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	5500.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13344.00	13344.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13344.00	13344.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 20110719105613-101

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 20110719105613-111

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
John Billias

Mailing Address 130 Sankernando Lane

City State Zip Code
E. Amherst NY 14051

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110719105613-71

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 7 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Billias
Mailing Address 130 Sankernando Lane
City E. 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 ▼ 300.00
Date of Receipt 06 / 30 / 2011
Transaction ID: 20110719105613-61
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Kelly Bodiford
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 ▼ 300.00
Date of Receipt 05 / 15 / 2011
Transaction ID: 20110718173929-49
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Kelly Bodiford
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 ▼ 300.00
Date of Receipt 05 / 31 / 2011
Transaction ID: 20110718173944-49
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /
Transaction ID: 20110718173832-47

Amount of Each Receipt this Period 25.00

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

Mailing Address 710 Conesus Ln

City State Zip Code
Winter Springs FL 32708-5519

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /
Transaction ID: 20110718173844-47

Amount of Each Receipt this Period 25.00

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

Mailing Address 3618 Swans Landing Dr

City State Zip Code
Land O Lakes FL 34639-4439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt / /
Transaction ID: 20110718173929-21

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 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jennifer Boldizar		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 3618 Swans Landing Dr		Transaction ID: 20110718173944-21		
	City Land O Lakes	State FL	Zip Code 34639-4439	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Jennifer Boldizar		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 3618 Swans Landing Dr		Transaction ID: 20110718173832-20		
	City Land O Lakes	State FL	Zip Code 34639-4439	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Jennifer Boldizar		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 3618 Swans Landing Dr		Transaction ID: 20110718173844-20		
	City Land O Lakes	State FL	Zip Code 34639-4439	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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 10 / 43
(check only one)

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

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

A.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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 ▼ 1260.00

Date of Receipt 01 / 31 / 2011

Transaction ID: 20110718174114-22

Amount of Each Receipt this Period 105.00

B.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 02 / 15 / 2011

Transaction ID: 20110718173959-21

Amount of Each Receipt this Period 105.00

C.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 02 / 28 / 2011

Transaction ID: 20110718174014-21

Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional) ► 315.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 43
(check only one)

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

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

A.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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 ▼ 1260.00

Date of Receipt 03 / 15 / 2011

Transaction ID: 20110718174030-21

Amount of Each Receipt this Period 105.00

B.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 03 / 31 / 2011

Transaction ID: 20110718174043-21

Amount of Each Receipt this Period 105.00

C.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 04 / 15 / 2011

Transaction ID: 20110718173859-20

Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional) ► 315.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin Carlin
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 Date of Receipt 04 / 30 / 2011
Transaction ID: 20110718173914-20
 Amount of Each Receipt this Period 105.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1260.00

B. Full Name (Last, First, Middle Initial)
Kevin Carlin
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 Date of Receipt 05 / 15 / 2011
Transaction ID: 20110718173929-20
 Amount of Each Receipt this Period 105.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1260.00

C. Full Name (Last, First, Middle Initial)
Kevin Carlin
 Mailing Address 1909 Craig St
 City Raleigh State NC Zip Code 27608-2107
 Date of Receipt 05 / 31 / 2011
Transaction ID: 20110718173944-20
 Amount of Each Receipt this Period 105.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1260.00

SUBTOTAL of Receipts This Page (optional) ► 315.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43
(check only one)

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

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

A.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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 ▼ 1260.00

Date of Receipt 06 / 15 / 2011

Transaction ID: 20110718173832-19

Amount of Each Receipt this Period 105.00

B.

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

Mailing Address 1909 Craig St

City Raleigh State NC Zip Code 27608-2107

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 20110718173844-19

Amount of Each Receipt this Period 105.00

C.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2011

Transaction ID: 20110718174030-14

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 14 / 43
(check only one)

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

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

A.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 03 / 31 / 2011

Transaction ID: 20110718174043-14

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 04 / 15 / 2011

Transaction ID: 20110718173859-13

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 4 Oatsfield Cir

City Penfield State NY Zip Code 14526-9554

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 04 / 30 / 2011

Transaction ID: 20110718173914-13

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 15 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 600.00
Date of Receipt 05 / 15 / 2011
Transaction ID: 20110718173929-13
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Patrick Connelly
Mailing Address 4 Oatsfield Cir
City Penfield State NY Zip Code 14526-9554
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 05 / 31 / 2011
Transaction ID: 20110718173944-13
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Patrick Connelly
Mailing Address 4 Oatsfield Cir
City Penfield State NY Zip Code 14526-9554
FEC ID number of contributing federal political committee. **C**
Name of Employer Millennium Pharmaceuticals Inc. Occupation Sr. Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 15 / 2011
Transaction ID: 20110718173832-12
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: PAGE 16 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 600.00
Date of Receipt 06 / 30 / 2011
Transaction ID: 20110718173844-12
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Sandra DiCesare
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 ▼ 600.00
Date of Receipt 03 / 15 / 2011
Transaction ID: 20110718174030-2
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Sandra DiCesare
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 ▼ 600.00
Date of Receipt 03 / 31 / 2011
Transaction ID: 20110718174043-2
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 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 20110718173859-2

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 20110718173914-2

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 20110718173929-2

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

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

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

A.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

FEC ID number of contributing federal political committee. C

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 31 / 2011

Transaction ID: 20110718173944-2

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

FEC ID number of contributing federal political committee. C

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 15 / 2011

Transaction ID: 20110718173832-2

Amount of Each Receipt this Period 50.00

C.

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

Mailing Address 4 Shelly Ln

City State Zip Code
Westford MA 01886-4522

FEC ID number of contributing federal political committee. C

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Commercial Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 20110718173844-2

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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718174114-19
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718173959-18
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718174014-18
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718174030-18
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00

B.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718174043-18
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00

C.	Full Name (Last, First, Middle Initial) Deborah Dunsire	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 8 Highmeadow Rd	Transaction ID: 20110718173859-17
	City State Zip Code Weston MA 02493-1941	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Millennium Pharmaceuticals Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt
Mailing Address 8 Highmeadow Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 1
City	State	Zip Code
Weston	MA	02493-1941
FEC ID number of contributing federal political committee.		Transaction ID: 20110718173914-17
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 200.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2400.00	

B.

Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt
Mailing Address 8 Highmeadow Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 5 / 2 0 1 1
City	State	Zip Code
Weston	MA	02493-1941
FEC ID number of contributing federal political committee.		Transaction ID: 20110718173929-17
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 200.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2400.00	

C.

Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt
Mailing Address 8 Highmeadow Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1
City	State	Zip Code
Weston	MA	02493-1941
FEC ID number of contributing federal political committee.		Transaction ID: 20110718173944-17
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 200.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt	
	Mailing Address 8 Highmeadow Rd		M M / D D / Y Y Y Y Y 06 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 20110718173832-16
	Weston	MA	02493-1941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2400.00		

B.	Full Name (Last, First, Middle Initial) Deborah Dunsire		Date of Receipt	
	Mailing Address 8 Highmeadow Rd		M M / D D / Y Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: 20110718173844-16
	Weston	MA	02493-1941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2400.00		

C.	Full Name (Last, First, Middle Initial) James Holmes		Date of Receipt	
	Mailing Address 4 Avalon Way		M M / D D / Y Y Y Y Y 06 / 15 / 2011	
	City	State	Zip Code	Transaction ID: 20110718173832-33
	Altamont	NY	12009-3720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer Millennium Pharmaceuticals Inc.		Occupation Sr. Manager, Sales Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

SUBTOTAL of Receipts This Page (optional) ▶

420.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.

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

Mailing Address 4 Avalon Way

City State Zip Code
Altamont NY 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 ▼ 240.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110718173844-33

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code
Vestavia Hls AL 35242-4416

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 ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 15 / 2011

Transaction ID: 20110718173859-6

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code
Vestavia Hls AL 35242-4416

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 ▼ 300.00

Date of Receipt MM / DD / YYYY
04 / 30 / 2011

Transaction ID: 20110718173914-6

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 43
(check only one)

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

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

A.

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

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code
Vestavia Hls AL 35242-4416

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 ▼ 300.00

Date of Receipt 05 / 15 / 2011

Transaction ID: 20110718173929-6

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 2029 Cahaba Crest Dr

City State Zip Code
Vestavia Hls AL 35242-4416

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 ▼ 300.00

Date of Receipt 05 / 31 / 2011

Transaction ID: 20110718173944-6

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 32 Cressbrook Rd

City State Zip Code
Concord MA 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 15 / 2011

Transaction ID: 20110718174030-4

Amount of Each Receipt this Period 50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Elizabeth Lewis	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 32 Cressbrook Rd	Transaction ID: 20110718174043-4
City Concord State MA Zip Code 01742-5304	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C	
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

B.

Full Name (Last, First, Middle Initial) Elizabeth Lewis	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 32 Cressbrook Rd	Transaction ID: 20110718173859-4
City Concord State MA Zip Code 01742-5304	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C	
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

C.

Full Name (Last, First, Middle Initial) Elizabeth Lewis	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
Mailing Address 32 Cressbrook Rd	Transaction ID: 20110718173914-4
City Concord State MA Zip Code 01742-5304	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C	
Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional)	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 26 / 43
(check only one)

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

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

A.

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

Mailing Address 32 Cressbrook Rd

City State Zip Code
Concord MA 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 20110718173929-4

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 32 Cressbrook Rd

City State Zip Code
Concord MA 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 20110718173944-4

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 32 Cressbrook Rd

City State Zip Code
Concord MA 01742-5304

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP, Commercial Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110718173832-4

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 27 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Elizabeth Lewis		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 32 Cressbrook Rd		Transaction ID: 20110718173844-4		
	City Concord	State MA	Zip Code 01742-5304	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, Commercial Law			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Isabelle Mercier		Date of Receipt MM / DD / YYYY 05 / 15 / 2011		
	Mailing Address 350th Third St. #1008		Transaction ID: 20110719105613-99		
	City Cambridge	State MA	Zip Code 02142	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Isabelle Mercier		Date of Receipt MM / DD / YYYY 05 / 31 / 2011		
	Mailing Address 350th Third St. #1008		Transaction ID: 20110719105613-109		
	City Cambridge	State MA	Zip Code 02142	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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 28 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Isabelle Mercier

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110719105613-69

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Isabelle Mercier

Mailing Address 350th Third St. #1008

City State Zip Code
Cambridge MA 02142

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation VP Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110719105613-59

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Amy Modean

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 20110719105613-102

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 29 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Amy Modean

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 20110719105613-112

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Amy Modean

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110719105613-72

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Amy Modean

Mailing Address 8312 Deer Pond Trail N

City State Zip Code
Lake Elmo MN 55042

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110719105613-62

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 30 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Joe Regan		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 3 Legion Rd		Transaction ID: 20110718174030-34		
	City Weston	State MA	Zip Code 02493-2119	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Aggregate Year-to-Date 600.00		

B.	Full Name (Last, First, Middle Initial) Joe Regan		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 3 Legion Rd		Transaction ID: 20110718174043-34		
	City Weston	State MA	Zip Code 02493-2119	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Aggregate Year-to-Date 600.00		

C.	Full Name (Last, First, Middle Initial) Joe Regan		Date of Receipt MM / DD / YYYY 04 / 15 / 2011		
	Mailing Address 3 Legion Rd		Transaction ID: 20110718173859-32		
	City Weston	State MA	Zip Code 02493-2119	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Millennium Pharmaceuticals Inc.	Occupation VP, US Sales	Aggregate Year-to-Date 600.00		

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 31 / 43
(check only one)

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

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

A.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 20110718173914-32

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 20110718173929-32

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 20110718173944-32

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 32 / 43
(check only one)

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

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

A.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110718173832-30

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 3 Legion Rd

City State Zip Code
Weston MA 02493-2119

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110718173844-30

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 22370 Cypress Wood Ln

City State Zip Code
Boca Raton FL 33428-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110718173832-29

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: PAGE 33 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 22370 Cypress Wood Ln

City State Zip Code
Boca Raton FL 33428-3845

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110718173844-29

Amount of Each Receipt this Period
20.00

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2011

Transaction ID: 20110719105613-100

Amount of Each Receipt this Period
25.00

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 20110719105613-110

Amount of Each Receipt this Period
25.00

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 34 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2011

Transaction ID: 20110719105613-70

Amount of Each Receipt this Period
25.00

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

Mailing Address 4530 Promenade Ln

City State Zip Code
Sylvania OH 43560-2984

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Health Systems Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: 20110719105613-60

Amount of Each Receipt this Period
25.00

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

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2011

Transaction ID: 20110719105613-95

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 35 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth Rush

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: 20110719105613-105

Amount of Each Receipt this Period
25.00

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

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2011

Transaction ID: 20110719105613-65

Amount of Each Receipt this Period
25.00

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

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: 20110719105613-55

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 / 43
(check only one)

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

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

A.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 05 / 15 / 2011

Transaction ID: 20110718173929-34

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 05 / 31 / 2011

Transaction ID: 20110718173944-34

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 06 / 15 / 2011

Transaction ID: 20110718173832-32

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 37 / 43
(check only one)

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

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

A.

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

Mailing Address 206 Forest Knoll Ct

City Fishers State IN Zip Code 46037-9753

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 20110718173844-32

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 15 / 2011

Transaction ID: 20110719105613-103

Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 12 Thornfield Lane

City Hawthorn Woods State IL Zip Code 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 31 / 2011

Transaction ID: 20110719105613-113

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 38 / 43
(check only one)

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

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

A.

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

Mailing Address 12 Thornfield Lane

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2011

Transaction ID: 20110719105613-73

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 12 Thornfield Lane

City State Zip Code
Hawthorn Woods IL 60047

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

Name of Employer Millennium Pharmaceuticals Inc. Occupation National Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2011

Transaction ID: 20110719105613-63

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 2913 Q Ave

City State Zip Code
Parnell IA 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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2011

Transaction ID: 20110719105613-96

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 39 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jim Weber
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 Date of Receipt 05 / 31 / 2011
Transaction ID: 20110719105613-106
 Amount of Each Receipt this Period 25.00
 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 300.00

B. Full Name (Last, First, Middle Initial)
Jim Weber
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 Date of Receipt 06 / 15 / 2011
Transaction ID: 20110719105613-66
 Amount of Each Receipt this Period 25.00
 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 300.00

C. Full Name (Last, First, Middle Initial)
Jim Weber
 Mailing Address 2913 Q Ave
 City Parnell State IA Zip Code 52325-8842
 Date of Receipt 06 / 30 / 2011
Transaction ID: 20110719105613-56
 Amount of Each Receipt this Period 25.00
 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 300.00

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 40 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Brent Wingerson		Date of Receipt MM / DD / YYYY 05 / 15 / 2011
Mailing Address 5311 NE 24th Ct		Transaction ID: 20110718173929-24
City Newcastle	State Zip Code WA 98059-3714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Brent Wingerson		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 5311 NE 24th Ct		Transaction ID: 20110718173944-24
City Newcastle	State Zip Code WA 98059-3714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Brent Wingerson		Date of Receipt MM / DD / YYYY 06 / 15 / 2011
Mailing Address 5311 NE 24th Ct		Transaction ID: 20110718173832-23
City Newcastle	State Zip Code WA 98059-3714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Millennium Pharmaceuticals Inc.	Occupation Sr. Oncology Sales Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 41 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 300.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 20110718173844-23

Amount of Each Receipt this Period 25.00

B.

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

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 ▼ 240.00

Date of Receipt 06 / 15 / 2011

Transaction ID: 20110718173832-36

Amount of Each Receipt this Period 20.00

C.

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

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 ▼ 240.00

Date of Receipt 06 / 30 / 2011

Transaction ID: 20110718173844-36

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

TOTAL This Period (last page this line number only) ► 6295.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 43

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

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

A. Full Name (Last, First, Middle Initial) Capuano for Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael Everett Capuano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 170E2C609DD3E6EDDBC Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address PO Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Joseph R. Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17589A28402310C9654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Scott Brown for US Senate Committee Inc <hr/> Mailing Address PO Box 395 <hr/> City Wrentham State MA Zip Code 02903 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Scott Philip Brown <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1ABED8BF7ED48504B4C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 43

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Brown for US Senate Committee Inc

Transaction ID: 0500CA3548D439007E8

Date of Disbursement

Mailing Address PO Box 395

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	1

City Wrentham State MA Zip Code 02903

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2012 General

011
Category/ Type

Candidate Name
Scott Philip Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

5500.00
