



The Medicines Company  
8 Sylvan Way  
Parsippany, NJ 07054 USA

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2015 FEB 12 AM 10:11  
FEC MAIL CENTER

February 11, 2015

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 FEC Form 1; amended Statement of Organization.

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

Very truly yours,

A handwritten signature in black ink, appearing to read "Garth S. Dovelian".

Garth S. Dovelian  
Senior Vice President, Chief Risk Officer

Enclosures

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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

The Medicines Company Political Action Committee

ADDRESS (number and street)

8 Sylvan Way

(Check if address is changed)

Parsippany

CITY ▲

NJ

STATE ▲

07054

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

garineh.dovletian@themedco.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 / 20 / 2015

3. FEC IDENTIFICATION NUMBER ▶

C C00456251

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Garineh S. Dovletian

Signature of Treasurer

Date

01 / 20 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

NON-PROFIT ORGANIZATION

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative  
 In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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Write or Type Committee Name

The Medicines Company Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

The Medicines Company

Mailing Address

8 Sylvan Way

Parsippany NJ 07054

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Garineh S. Doyletian

Mailing Address

8 Sylvan Way

Parsippany NJ 07054

Title or Position

CITY

STATE

ZIP CODE

SVP/Chief Risk Offic

Telephone number

973 - 290 - 6194

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Garineh S. Doyletian

Mailing Address

8 Sylvan Way

Parsippany NJ 07054

CITY

STATE

ZIP CODE

Title or Position

SVP, Chief Risk Offi

Telephone number

973 - 290 - 6194

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Full Name of Designated Agent

Stephen Rodin

Mailing Address

8 Sylyan Way

Parsippany

CITY

NJ

STATE

07054

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

973

290

6222

9. **Bank or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

J.P. Morgan Chase

Mailing Address

695 Route 46 West

Fairfield

CITY

NJ

STATE

07004

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1100011000110001



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Page 1 of 1

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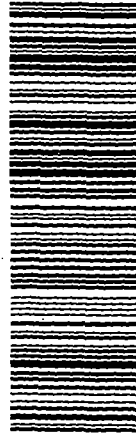
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*2/12/15*  
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