

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

ADDRESS (number and street) One MedImmune Way
 Check if different than previously reported. (ACC)
Gaithersburg MD 20878

2. **FEC IDENTIFICATION NUMBER** C00399725
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY **STATE** **ZIP CODE**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 06 06 2006 in the State of CA
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2006 through 05 17 2006

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

Type or Print Name of Treasurer Brian Rosen

Signature of Treasurer Electronically Filed by Brian Rosen Date 05 22 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		24813.18
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	31275.99									
(c) Total Receipts (from Line 19)	6036.81	15999.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37312.80	40812.80								
7. Total Disbursements (from Line 31)	12500.00	16000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24812.80	24812.80								
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

MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
1	7

Y	Y	Y	Y
2	0	0	6

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	1811.81	2693.62
(i) Itemized (use Schedule A)	4225.00	13306.00
(ii) Unitemized	6036.81	15999.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6036.81	15999.62
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))	6036.81	15999.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6036.81	15999.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	0.00	0.00
(i) Federal Share.....		
(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.....	12500.00	13000.00
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	3000.00
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))..	12500.00	16000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12500.00	16000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	6036.81	15999.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6036.81	15999.62
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial) Brian Abraham Mailing Address 12546 Carrington Hill Drive City State Zip Code North Potomac MD 20878-2242 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 20060522-47 Amount of Each Receipt this Period 30.00
Name of Employer MedImmune Inc Occupation Associate Direc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B. Full Name (Last, First, Middle Initial) Brian Abraham Mailing Address 12546 Carrington Hill Drive City State Zip Code North Potomac MD 20878-2242 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 20060502-47 Amount of Each Receipt this Period 30.00
Name of Employer MedImmune Inc Occupation Associate Direc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C. Full Name (Last, First, Middle Initial) Brian Abraham Mailing Address 12546 Carrington Hill Drive City State Zip Code North Potomac MD 20878-2242 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 20060511-47 Amount of Each Receipt this Period 30.00
Name of Employer MedImmune Inc Occupation Associate Direc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Jason Amar		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 6 Nashua Court		Transaction ID: 20060511-110
City Pinehurst	State NC	Zip Code 28374-8494
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MedImmune Inc	Occupation Biotech Sales S	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Jane Beatty		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 23 Virginia Street		Transaction ID: 20060511-35
City Salt Lake City	State UT	Zip Code 84103-4312
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer MedImmune Inc	Occupation Area Business M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. William Bertrand		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address 21729 Brink Meadow Lane		Transaction ID: 20060522-48
City Germantown	State MD	Zip Code 20876-4364
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer MedImmune Inc	Occupation Senior Vice Pre	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

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

Mailing Address 21729 Brink Meadow Lane

City State Zip Code
Germantown MD 20876-4364

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

Name of Employer Occupation
MedImmune Inc Senior Vice Pre

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: 20060502-48

Amount of Each Receipt this Period
50.00

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

Mailing Address 21729 Brink Meadow Lane

City State Zip Code
Germantown MD 20876-4364

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

Name of Employer Occupation
MedImmune Inc Senior Vice Pre

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 20060511-48

Amount of Each Receipt this Period
50.00

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

Mailing Address 9208 Jones Mill Road

City State Zip Code
Chevy Chase MD 20815-5612

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

Name of Employer Occupation
MedImmune Oncology Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 20060511-85

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial)
Colleen Chawla

Mailing Address 1929 Arrowhead Drive

City State Zip Code
Oakland CA 94611-1447

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

Name of Employer Occupation
MedImmune Inc Manager; Govern

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-107

Amount of Each Receipt this Period
25.00

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

Mailing Address 200 Golden Ash Way

City State Zip Code
Gaithersburg MD 20878-5702

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

Name of Employer Occupation
MedImmune Inc Executive Vice

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-11

Amount of Each Receipt this Period
40.00

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

Mailing Address 16225 Black Rock Road

City State Zip Code
Germantown MD 20874-3215

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

Name of Employer Occupation
MedImmune Oncology Regional Busine

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-73

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Gary Hardin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 116 Peninsula Way		Transaction ID: 20060511-42	
City Columbia	State SC	Amount of Each Receipt this Period 25.00	
Zip Code 29229-7394			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Clinical Market		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Maura Kahn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 4600 43rd Place; Northwest		Transaction ID: 20060511-98	
City Washington	State DC	Amount of Each Receipt this Period 25.00	
Zip Code 20016-4522			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Peter Kiener		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 14017 Gorky Drive		Transaction ID: 20060511-45	
City Potomac	State MD	Amount of Each Receipt this Period 25.00	
Zip Code 20854-6021			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Senior Vice Pre		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial)
Suzanne Kirk

Mailing Address 40905 N Congressional Drive

City State Zip Code
Anthem AZ 85086-1803

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

Name of Employer MedImmune Inc Occupation Senior Clinical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-4

Amount of Each Receipt this Period
25.00

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

Mailing Address 13800 Turkey Foot Road

City State Zip Code
North Potomac MD 20878-3919

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

Name of Employer MedImmune Inc Occupation Senior Vice Pre

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-22

Amount of Each Receipt this Period
25.00

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

Mailing Address 206 Farmsedge Road

City State Zip Code
Neshanic Station NJ 08853-4113

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

Name of Employer MedImmune Inc Occupation Area Business M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-28

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial)
Michael Miller

Mailing Address 10 Telfair Court

City Columbia State SC Zip Code 29212-8655

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

Name of Employer MedImmune Inc Occupation Senior Regional

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
05 / 15 / 2006

Transaction ID: 20060511-14

Amount of Each Receipt this Period
25.00

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

Mailing Address 1658 North Milwaukee Avenue # 293

City Chicago State IL Zip Code 60647-5651

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

Name of Employer MedImmune Inc Occupation Senior Manager;

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
05 / 15 / 2006

Transaction ID: 20060511-57

Amount of Each Receipt this Period
25.00

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

Mailing Address 7205 Meadow Lane

City Chevy Chase State MD Zip Code 20815-5011

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

Name of Employer MedImmune Inc Occupation Chief Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1363.62

Date of Receipt
04 / 14 / 2006

Transaction ID: 20060522-1

Amount of Each Receipt this Period
227.27

SUBTOTAL of Receipts This Page (optional) ► 277.27

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial) David Mott		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 7205 Meadow Lane		Transaction ID: 20060502-1
City State Zip Code Chevy Chase MD 20815-5011	Amount of Each Receipt this Period 227.27	
FEC ID number of contributing federal political committee. C		
Name of Employer MedImmune Inc	Occupation Chief Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1363.62	

B. Full Name (Last, First, Middle Initial) David Mott		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 7205 Meadow Lane		Transaction ID: 20060511-1
City State Zip Code Chevy Chase MD 20815-5011	Amount of Each Receipt this Period 227.27	
FEC ID number of contributing federal political committee. C		
Name of Employer MedImmune Inc	Occupation Chief Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1363.62	

C. Full Name (Last, First, Middle Initial) Paul Nielsen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 15104 Northeast 209th Place		Transaction ID: 20060511-83
City State Zip Code Brush Prairie WA 98606-5302	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MedImmune Inc	Occupation Manager; Govern	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	479.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Gerald O'Malley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 121 Brinkley Drive		Transaction ID: 20060511-17	
City Sellersville	State PA	Amount of Each Receipt this Period 25.00	
Zip Code 18960-2964			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Area Business M		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Niki Oquist		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 9211 Shafers Mill Drive		Transaction ID: 20060511-84	
City Frederick	State MD	Amount of Each Receipt this Period 25.00	
Zip Code 21704-7330			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Abigail Parta Gossman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 1430 Wilson Court		Transaction ID: 20060511-100	
City South St. Paul	State MN	Amount of Each Receipt this Period 25.00	
Zip Code 55075-3570			
FEC ID number of contributing federal political committee. C			
Name of Employer MedImmune Inc	Occupation Manager; Govern		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial) Brian Rosen Mailing Address 7733 Laurel Leaf Drive City State Zip Code Potomac MD 20854-1764 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Transaction ID: 20060522-53 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MedImmune Inc Senior Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

B. Full Name (Last, First, Middle Initial) Brian Rosen Mailing Address 7733 Laurel Leaf Drive City State Zip Code Potomac MD 20854-1764 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: 20060502-53 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MedImmune Inc Senior Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Brian Rosen Mailing Address 7733 Laurel Leaf Drive City State Zip Code Potomac MD 20854-1764 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 20060511-53 Amount of Each Receipt this Period 50.00
Name of Employer Occupation MedImmune Inc Senior Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

A. Full Name (Last, First, Middle Initial)
Randall Turner

Mailing Address 4425 Moleton Drive

City State Zip Code
Mount Airy MD 21771-4805

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

Name of Employer Occupation
MedImmune Inc Vice President;

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-21

Amount of Each Receipt this Period
25.00

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

Mailing Address 14450 Twin Oaks Drive

City State Zip Code
Carmel IN 46032-9724

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

Name of Employer Occupation
MedImmune Inc Manager; Nation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-41

Amount of Each Receipt this Period
25.00

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

Mailing Address 12800 Northeast Salmon Creek Drive #120

City State Zip Code
Vancouver WA 98686-3023

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

Name of Employer Occupation
MedImmune Inc Associate Direc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: 20060511-58

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

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

Mailing Address 16 Swanton Lane

City Gaithersburg State MD Zip Code 20878-5875

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

Name of Employer MedImmune Inc Occupation Vice President;

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
05 / 15 / 2006

Transaction ID: 20060511-116

Amount of Each Receipt this Period
25.00

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

Mailing Address 14911 Largo Vista Drive

City Haymarket State VA Zip Code 20169-1238

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

Name of Employer MedImmune Inc Occupation Vice President;

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
04 / 14 / 2006

Transaction ID: 20060522-13

Amount of Each Receipt this Period
50.00

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

Mailing Address 14911 Largo Vista Drive

City Haymarket State VA Zip Code 20169-1238

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

Name of Employer MedImmune Inc Occupation Vice President;

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
04 / 28 / 2006

Transaction ID: 20060502-13

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 21
	(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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Caroline York		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 14911 Largo Vista Drive		Transaction ID: 20060511-13
City State Zip Code Haymarket VA 20169-1238	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MedImmune Inc	Occupation Vice President;	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Lota Zoth		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 119 Driscoll Way		Transaction ID: 20060511-54
City State Zip Code Gaithersburg MD 20878-5210	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MedImmune Inc	Occupation Senior Vice Pre	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	1811.81

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 19 / 21

<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Congressman Joe Barton Committee, the		Transaction ID: 7133530605166155985 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 1500.00
City Ennis State TX Zip Code 75120	Purpose of Disbursement 2006 General Candidate Name Barton Joe Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 06		
Full Name (Last, First, Middle Initial) B. Devin Nunes Campaign Committee		

Full Name (Last, First, Middle Initial) B. Devin Nunes Campaign Committee		Transaction ID: 7481280604136330846 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address PO Box 6545		Amount of Each Disbursement this Period 1000.00
City Visalia State CA Zip Code 93290	Purpose of Disbursement 2006 Primary Candidate Name Nunes Devin Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 21		
Full Name (Last, First, Middle Initial) C. Frelinghuysen for Congress		

Full Name (Last, First, Middle Initial) C. Frelinghuysen for Congress		Transaction ID: 9523210605166150937 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 19 Cattano Avenue		Amount of Each Disbursement this Period 1000.00
City Morristown State NJ Zip Code 07960	Purpose of Disbursement 2006 Primary Candidate Name Frelinghuysen Rodney Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 11		
Full Name (Last, First, Middle Initial) SUBTOTAL of Disbursements This Page (optional) ▶		

3500.00

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

**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 20 / 21

<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Hastert for Congress Committee		Transaction ID: 5652510605114010977 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address PO Box 625		Amount of Each Disbursement this Period 1500.00
City Batavia State IL Zip Code 60510	Purpose of Disbursement 2006 General Candidate Name Hastert J. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 14	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. Hawkeye Pac, the		Transaction ID: 7218380604136336335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. John Sullivan for Congress Inc		Transaction ID: 4780320605053996388 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 1000.00
City Tulsa State OK Zip Code 74147	Purpose of Disbursement 2006 Primary Candidate Name Sullivan John Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 01	
Category/Type		
Category/Type		

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

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 21 / 21

<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)
MedImmune Inc. Employee Political Awareness Committee (MedImmune PAC)

Full Name (Last, First, Middle Initial) A. Mary Bono Committee		Transaction ID: 4690290604243458259 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address PO Box 3370		Amount of Each Disbursement this Period 1000.00
City Palm Springs State CA Zip Code 92263	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Bono Mary		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCrery for Congress Committee		Transaction ID: 5017900604243467829 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00
City Shreveport State LA Zip Code 71135	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name McCrery Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Van Hollen for Congress		Transaction ID: 0784810604136325479 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00
City Kennington State MD Zip Code 20895	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Hollen Van Chris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2006 <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) ▶	12500.00