

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Of use only

1. NAME OF COMMITTEE (In full) X (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Bristol-Myers Squibb Company PAC (FKA: DUPONT PHARMACEUTICALS CO PAC)

ADDRESS (Home or street) CHESTNUT RUN PLAZA

(Check if address is changed) WR-2ST 16 CENTRE RD WILMINGTON DE 19805

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

janet.m.rosenberg@dupontpharma.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 10 / 12 / 2001

3. FEC IDENTIFICATION NUMBER C00255067

4. IS THIS STATEMENT NEW (N) OR X 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 Richard E. Gies

Signature of Treasurer Electronically Filed by Richard E. Gies Date 10 / 12 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 5 empty columns for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1110

FEC FORM 1 (Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

- (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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Bristol-Myers Squibb Company _____

Mailing Address _____ 345 Park Avenue _____

_____ New York _____ NY _____ 10154 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

Bristol-Myers Squibb Company PAC (FKA: DUPONT PHARMACEUTICALS CO PAC)

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 Janet M. Rosenberg

Mailing Address GPO PASS
1020 N. Fairfax St. 5th Floor
Alexandria VA 22314

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number _____ - _____ - _____

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 Richard E. Gies

Mailing Address Chestnut Run Plaza WR-2154
Centre Road
Wilmington DE 19805

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number _____ - _____ - _____

Full Name of Designated Agent Janet M. Rosenberg

Mailing Address Chestnut Run Plaza WR-25T16
Centre Road
Wilmington DE 19805

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Assistant Treasurer Telephone number _____ - _____ - _____

9. **Banks 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.

Burke & Herbert Bank & Trust Company

Mailing Address

100 South Fairfax Street

Alexandria

VA

22314 -

CITY Δ

STATE Δ

ZIP CODE Δ

Banks 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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Bristol-Myers Squibb Company Employee Political Action Committee

Mailing Address

345 Park Avenue

New York NY 10154

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name Lynne F. O'Brien

Mailing Address 1011 Bryan Pond Court

McLean

VA

22102 -

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Assistant Treasurer

Telephone number - -