**FEC** 

## **STATEMENT OF**

| FORM 1                                                                           | ORGANIZA                                      | ATION                                                                      |                |                                 |
|----------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------|----------------|---------------------------------|
| i Ortivi i                                                                       | (See instruction                              | ns)                                                                        |                | Office use only                 |
| NAME OF COMMITTEE (in                                                            | (Check if name is changed)                    | Example: If typying, type over the lines                                   | 12FE4M5        | 1 1                             |
| Millennium Pr                                                                    | armaceuticals Inc. PAC                        |                                                                            |                |                                 |
|                                                                                  |                                               |                                                                            |                |                                 |
| ADDRESS (number and                                                              | street) 750 Ninth Street, NW                  | ,<br><u>                                     </u>                          |                |                                 |
| (Check if address                                                                | Suite 575                                     |                                                                            |                |                                 |
| X is changed)                                                                    | Washington                                    |                                                                            | <u> p</u> c    | 20001                           |
|                                                                                  |                                               | CITY▲                                                                      | STATE          | ZIP CODE 📥                      |
| COMMITTEE'S E-MA                                                                 | L ADDRESS (Please provide only one e-r        | mail address)                                                              |                |                                 |
| (Check if address is changed)                                                    | mpac@mpi.com                                  |                                                                            |                |                                 |
|                                                                                  |                                               |                                                                            |                |                                 |
| COMMITTEE'S WEB  (Check if address is changed)                                   | PAGE ADDRESS (URL)                            |                                                                            |                |                                 |
|                                                                                  |                                               |                                                                            |                |                                 |
| <ol> <li>DATE M N O 7</li> <li>FEC IDENTIFICA</li> <li>IS THIS STATEM</li> </ol> | TION NUMBER                                   | C C00407460  AMENDED (A)                                                   |                |                                 |
|                                                                                  |                                               |                                                                            |                |                                 |
| I certify that I have exami                                                      | ned this Statement and to the best of my know | wledge and belief it is true, correc                                       | t and complete |                                 |
| Type or Print Name of                                                            | Treasurer Liz Lewis                           |                                                                            |                |                                 |
| Signature of Treasurer                                                           | Electronically Filed by Liz Lewis             |                                                                            | Date 0 7       | 29 / 2009                       |
| NOTE: Submission of fa                                                           | se, erroneous, or incomplete information may  |                                                                            |                |                                 |
| Office<br>Use<br>Only                                                            |                                               | For further information<br>Federal Election Communication Free 800-424-953 | nission        | FEC FORM 1<br>(Revised 02/2009) |

| FEC                       | Form 1 (Revised 02/2009)                                                                                                                                                                               | Page 2                                  |  |  |  |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|--|
|                           | COMMITTEE (Check One)  • 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 information below.)                                                                                    | the candidate                           |  |  |  |  |
| Name of<br>Candidate      |                                                                                                                                                                                                        |                                         |  |  |  |  |
| Candidate<br>Party Affili |                                                                                                                                                                                                        | State                                   |  |  |  |  |
| (c)                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                |                                         |  |  |  |  |
| Name of<br>Candidate      |                                                                                                                                                                                                        |                                         |  |  |  |  |
| Party Con                 |                                                                                                                                                                                                        |                                         |  |  |  |  |
| (d)                       | (National, State This committee is a (or subordinate) committee of the                                                                                                                                 | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |
| Political A               | Political Action Committee (PAC):                                                                                                                                                                      |                                         |  |  |  |  |
| (e) X                     | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                                                                               | ed organization is a:                   |  |  |  |  |
|                           | X Corporation Corporation w/o Capital Stock                                                                                                                                                            | abor Organization                       |  |  |  |  |
|                           | Membership Organization Trade Association C                                                                                                                                                            | Cooperative                             |  |  |  |  |
| (6)                       | X In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                            |                                         |  |  |  |  |
| (f)                       | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)                                                             | ed fund or party                        |  |  |  |  |
|                           | In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                              |                                         |  |  |  |  |
|                           |                                                                                                                                                                                                        |                                         |  |  |  |  |
|                           | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)                                                                                                                         |                                         |  |  |  |  |
| Joint Fund                | Iraising Representative:                                                                                                                                                                               |                                         |  |  |  |  |
| (g)                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                       |  |  |  |  |
| (h)                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                       |  |  |  |  |
| Co                        | ommittees Participating in Joint Fundraiser                                                                                                                                                            |                                         |  |  |  |  |
|                           | 1. FEC ID number C                                                                                                                                                                                     |                                         |  |  |  |  |
|                           | 2. FEC ID number                                                                                                                                                                                       |                                         |  |  |  |  |
|                           | 3. FEC ID number                                                                                                                                                                                       |                                         |  |  |  |  |
|                           | 4   FEC ID number C                                                                                                                                                                                    |                                         |  |  |  |  |

| Mailing Address  750 Ninth Street, NW  Suite 575  Washington  CITY▲  STATE ▲  Relationship:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20001 ZIP CODE _                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Millennium Pharmaceuticals Inc.  Mailing Address  750 Ninth Street, NW  Suite 575  CITYA  STATE A  Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership Lea | 20001 ZIP CODE _                          |
| Millennium Pharmaceuticals Inc.  Mailing Address  750 Ninth Street, NW  Suite 575  Washington  CITY▲  STATE ▲  Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  Kevin Carlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20001 ZIP CODE _                          |
| Mailing Address  T50 Ninth Street, NW  Suite 575  CITY  Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Kevin Carlin  Full Name  A0 Landadowne Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20001 L  ZIP CODE ▲  adership PAC Sponsor |
| Suite 575  Washington  CITY  STATE  Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  Malling Address  STATE  Affiliated Committee  Joint Fundraising Representative  Lea  40 Landadowna Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ZIP CODE A                                |
| Suite 575  Washington  CITY  STATE  Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  Malling Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ZIP CODE A                                |
| Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  And Landadowne Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZIP CODE A                                |
| Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  And Landadowna Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZIP CODE A                                |
| Relationship:  X Connected Organization  Affiliated Committee  Joint Fundraising Representative  Lea  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  40 Landadowna Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | adership PAC Sponsor                      |
| X Connected Organization Affiliated Committee Joint Fundraising Representative Leave.  7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.  Full Name  40 Landadowna Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |
| 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the perpossession of Committee books and records.    Kevin Carlin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |
| possession of Committee books and records.  Full Name  40 Landadowna Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | erson in                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |
| CambridgeMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 02139                                     |
| Title or Position ♥ CITY ▲ STATE ▲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ZIP CODE A                                |
| Assistant Treasurer Telephone number 617 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 679 – 7000                                |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Liz Lewis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and the                                   |
| 01 Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |
| Mailing Address 40 Landsdowne Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |
| Cambridge MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02139                                     |
| Title or Position ♥ CITY ▲ STATE ▲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 02139                                     |

|    | FEC Form 1                                                 | (Revised 02/2009)                         |                                     | Page 4                   |
|----|------------------------------------------------------------|-------------------------------------------|-------------------------------------|--------------------------|
|    | Full Name of<br>Designated<br>Agent                        | Kevin Carlin                              |                                     |                          |
|    | Mailing Address                                            | 40 Landsdowne Stree                       | t                                   |                          |
|    |                                                            | Cambridge                                 |                                     | 02139                    |
|    | Title or Position ▼                                        | CITY A                                    | STATE A                             | ZIP CODE A               |
|    |                                                            | ssistant Treasurer                        | Telephone number 617                | <u>679</u> _ <u>7000</u> |
| 9. | Banks or Other I<br>safety deposit box<br>Name of Bank, De | es or maintains funds.<br>epository, etc. | which the committee deposits funds, | holds accounts, rents    |
|    |                                                            | PNC Bank                                  |                                     |                          |
|    | Mailing Address                                            | 1503 Pennsylvania Avenue NV               | <b>v</b><br>                        |                          |
|    |                                                            |                                           |                                     |                          |
|    |                                                            | Washington                                | , , , , , DC                        | 20005                    |
|    |                                                            | CITY 🗖                                    | STATE <b>△</b>                      | ZIP CODE 🛕               |
|    | Name of Bank, De                                           | epository, etc.                           |                                     |                          |
|    |                                                            |                                           |                                     |                          |
|    | Mailing Address                                            |                                           |                                     |                          |
|    |                                                            |                                           |                                     |                          |
|    |                                                            |                                           |                                     |                          |
|    |                                                            | CITY 🙇                                    | STATE <b>⊿</b>                      | ZIP CODE 🛕               |

| Banks or Other Depositories: safety deposit boxes or maintains | List all banks or other depositories in which the committee | e deposits funds, ho | olds accounts, rents              |
|----------------------------------------------------------------|-------------------------------------------------------------|----------------------|-----------------------------------|
| Name of Bank, Depository, etc.                                 |                                                             |                      | [ ADDITIONAL ]                    |
|                                                                |                                                             |                      |                                   |
| Mailing Address                                                |                                                             |                      |                                   |
|                                                                |                                                             |                      |                                   |
| Į                                                              |                                                             |                      |                                   |
|                                                                | CITY 🗖                                                      | STATE <b>⊿</b>       | ZIP CODE 🛕                        |
|                                                                | nization, Affiliated Committee, Joint Fundraising Repre     | sentative, or Leade  | [ ADDITIONAL ] ership PAC Sponsor |
|                                                                |                                                             |                      |                                   |
| Mailing Address                                                | One Takeda Parkway                                          |                      |                                   |
|                                                                | Deerfield                                                   |                      | 60015                             |
| Relationship:                                                  | CITY                                                        | STATE A              | ZIP CODE                          |
| Connected Organization                                         | X Affiliated Committee Joint Fundraising Repre              | esentative Le        | adership PAC Sponsor              |
| Designated Agent                                               |                                                             |                      | [ ADDITIONAL ]                    |
| Full Name                                                      |                                                             |                      |                                   |
| Mailing Address                                                |                                                             |                      |                                   |
|                                                                |                                                             |                      |                                   |
|                                                                |                                                             |                      |                                   |
| Title or Position ▼                                            | CITY A                                                      | STATE▲               | ZIP CODE A                        |
|                                                                | Telephon                                                    | e number             |                                   |
| Joint Fundraiser Participant                                   |                                                             |                      | [ ADDITIONAL ]                    |
|                                                                | FEC                                                         | ID number            |                                   |