

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Takeda Pharmaceuticals America, Inc. Legislative Action Committee  
(Takeda Legislative Action Committee)

ADDRESS (number and street)

One Takeda Parkway

(Check if address is changed)

Attn: Legal Dept.

Deerfield

IL

60015

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BGILBOY@tpna.com

SDESSING@tpna.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

224 - 554 - 7859

2. DATE

11 21 2007

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Brendan Gilboy

Signature of Treasurer

*Brendan Gilboy*

Date

11 29 2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

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

FEC FORM 1  
(Revised 02/2003)

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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 Party Affiliation \_\_\_\_\_ Office Sought:  House  Senate  President State \_\_\_\_\_ District \_\_\_\_\_

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

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

- (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

Takeda Pharmaceuticals America, Inc. \_\_\_\_\_

Mailing Address One Takeda Parkway \_\_\_\_\_

Deerfield \_\_\_\_\_ IL \_\_\_\_\_ 60015 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected \_\_\_\_\_

Type of Connected Organization:

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

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Write or Type Committee Name

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 Brendan Gilboy

Mailing Address One Takeda Parkway

Deerfield IL 60015

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 224 - 554 - 5842

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 Brendan Gilboy

Mailing Address One Takeda Parkway

Deerfield IL 60015

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 224 - 554 - 5842

Full Name of Designated Agent Scott Dessing

Mailing Address One Takeda Parkway

Deerfield IL 60015

Title or Position Asst. Treasurer CITY STATE ZIP CODE

Telephone number 224 - 554 - 5516

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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.

Bank of America

Mailing Address

P.O. Box 15463

Wilmington DE 19884-5463

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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PREPARER  
(3/2005)

12/4/07  
DATE PREPARED

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