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2010 JUN -7 AM 10:09

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

ADDRESS (number and street) **PO BOX 9606**

(Check if address is changed)

MISSION HILLS **CA** **91346**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) **twilson@pharmavite.net**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

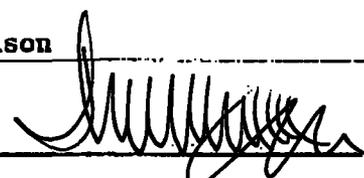
2. DATE **05** / **28** / **2008**

3. FEC IDENTIFICATION NUMBER **C C00410654**

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 **John Wilson**

Signature of Treasurer  Date **05** / **28** / **2010**

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

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5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

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

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

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

Joint Fundraising Representative:

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

Committees Participating in Joint Fundraiser

| | | | |
|----|-------|---------------|----------------------------------|
| 1. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 2. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 3. | _____ | FEC ID number | <input type="checkbox"/> C _____ |
| 4. | _____ | FEC ID number | <input type="checkbox"/> C _____ |

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Write or Type Committee Name

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

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

Otsuka America, Inc.

Mailing Address

One Embarcadero Center

Suite 2020

San Francisco

CA

94111

3600

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Full Name

John Wilson

Mailing Address

P.O. Box 9606

Mission Hills

CA

91346

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 818 - 221 - 6626

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

John Wilson

Mailing Address

P.O. Box 9606

Mission Hills

CA

91346

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 818 - 221 - 6626

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Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Bank of America

Mailing Address

315 Montgomery Street

13th Floor

San Francisco

CA

94104

1829

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
6/4/05
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

6/4/05
 DATE PREPARED

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