Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Takeda Pharmaceuticals America Inc. Political Action Committee One Takeda Parkway ADDRESS (number and street) (Check if address is changed) Deerfield 60015 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS takpac@takeda.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00441733 FEC IDENTIFICATION NUMBER 3. 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. Henning, Michael, , , Type or Print Name of Treasurer Henning, Michael, , , [Electronically Filed] 01 15 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

1	FEC <b>Fo</b> i	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE e 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.)	е
Nam Cand	e of lidate		
	lidate ⁄ Affiliatio	Office State Inc. Sought: House Senate President District	IL
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:  (National, State (Democratic,	
(d)		This committee is a crosubordinate of the Republican, etc.) F	<sup>2</sup> arty.
Poli	tical A	Action Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	ion
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising 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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		Ħ

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l	FEC Form 1 (R	Revised 02/2009)	Page <b>3</b>
V	/rite or Type Committe	ee Name	
-	Гakeda Pha	armaceuticals America Inc. Political Action Comr	nittee
6.	Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Ta	akeda Pharmad	ceuticals America Inc.	
ı			
	NA ''' A L L	One Takeda Parkway	
	Mailing Address		
		Deerfield IL 60015	<u> </u>
		CITY STATE ZIP	CODE
	Relationship: x Co	Connected Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
	Custodian of Records.	rds: Identify by name, address (phone number optional) and position of the person in possess	sion of committee
		Jonning Michael	
	Full Name	lenning, Michael, , ,	
	Mailing Address	One Takeda Parkway	
		Deerfield IL 60015	
	Title or Position	CITY STATE ZIP	CODE
	Custodian		
3.	Treasurer: List the nany designated agent	name and address (phone number optional) of the treasurer of the committee; and the name and (e.g., assistant treasurer).	and address of
	Full Name He of Treasurer	enning, Michael, , ,	
	Mailing Address	One Takeda Parkway	
		Deerfield IL 60015	
	Title or Position	CITY STATE ZIP	CODE
	Treasurer		_ 6500

FEC Form 1 (Rev	vised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Butler,	Patrick, , ,		
Mailing Address	One Takeda Parkway		
	Deerfield CITY	STATE	015 ZIP CODE
Title or Position Assistant Treasurer	Tel	ephone number 224	554 6500
safety deposit boxes or r Name of Bank, Deposito		the committee deposits funds,	holds accounts, rents
Mailing Address	PO Box 15463		
	Wilmington	DE198	884-5463
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address	h). <b>Joint Fundraisin</b>	g Participant:		0
3	1.			
4. FEC ID number C  ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. SHIRE HOLDINGS US AG POLITICAL ACTION COMMITTEE AKA SHIRE PAC  Mailing Address  901 15TH STREET, NW  SUITE 510  WASHINGTON  Pelationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization ▼ Affiliated Committee	2.		FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. SHIRE HOLDINGS US AG POLITICAL ACTION COMMITTEE AKA SHIRE PAC  Mailing Address  901 15TH STREET, NW  SUITE 510  WASHINGTON  Pelationship:  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  seignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  Title OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number	3.		FEC ID number	C
SHIRE HOLDINGS US AG POLITICAL ACTION COMMITTEE AKA SHIRE PAC  Mailing Address  901 15TH STREET, NW  SUITE 510  WASHINGTON  Relationship:  Connected Organization  X Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	4.		FEC ID number	C
Mailing Address  901 15TH STREET, NW  SUITE 510  WASHINGTON  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
SUITE 510  WASHINGTON  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization ▼ Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Pesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number	SHIRE HOLDING	S US AG POLITICAL ACTION COM	MITTEE AKA SI	HIRE PAC
SUITE 510  WASHINGTON  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization ▼ Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number	<u> </u>			
SUITE 510  WASHINGTON  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization ▼ Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number				
Relationship:  CITY  STATE  ZIP CODE  Connected Organization  Affiliated Committee Joint Fundraising Representative Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION  CITY  STATE  ZIP CODE  Telephone Number  Telephone	Mailing Address	901 15TH STREET, NW		
Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number		SUITE 510		
Connected Organization		WASHINGTON	DC	20005
Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Starte & CITY & STATE & CITY & CITY & STATE & CITY & CIT	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Pasignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Starte & CITY & STATE & CITY & CITY & STATE & CITY & CIT	Connected	Affiliated Committee	nt Fundraising Benresent	ative Leadership PAC S
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	esignated Agent: Identify	by name, address (phone number – optional)		
TITLE OR POSITION   CITY   Telephone Number	Full Name	by name, address (phone number – optional)		
TITLE OR POSITION   CITY   Telephone Number	Full Name	by name, address (phone number – optional)		
Telephone Number	Full Name	by name, address (phone number – optional)		
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, refety deposit boxes or maintains funds.  The property of Bank, expository, etc.	Full Name			
ame of Bank, epository, etc.	Full Name	CITY A		
ame of Bank, epository, etc.	Full Name	CITY A	STATE ▲	
epository, etc.	Full Name Mailing Address  TITLE OR POSITION	CITY A  Tries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Mailing Address	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or maintenance.	CITY A  Tries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor deposit boxes or main and of Bank,	CITY A  Tries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor of the deposit boxes or main arms of Bank, expository, etc.	CITY A  Tries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor of the deposit boxes or main arms of Bank, expository, etc.	CITY A  Tries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A