Image# 10990639335

STATEMENT OF

FORM 1	ORGANIZA (See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
Takeda Pharm	aceuticals of America Inc. Political	Action Committee	
ADDRESS (number and s	One Takeda Parkway		
(Check if address			
is changed)	Deerfield		IL 60015 - 1
	С	ITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-ma	uil address)	
(Check if address is changed)	awilkinson@tpna.com		
is onunged)			
	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE 0 4	$\begin{array}{c c} & & & \\ & & &$		
3. FEC IDENTIFICA	TION NUMBER C	C00441733	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowle	edge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Helen Pring		
Signature of Treasurer	Electronically Filed by Helen Pring		Date 04 / 27 / YYYYY
NOTE: Submission of fal	se, erroneous, or incomplete information may su		
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530	

	F	FEC F	Form 1 (Revised 02/2009)	Page 2
5.			DMMITTEE (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 t information below.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion 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 La	bor Organization
			Membership Organization Trade Association Co	poperative
			X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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 F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2. FEC ID number	
			3. FEC ID number	
			FEC ID number C	

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Write or Type Committee Name)				
Takeda Pharmaceutio	eals of America Inc. Political Action Commi	ttee			
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or Leade	ership PAC Sponsor		
Takeda Pharmaceutica	als of America		1 1 1 1 1 1 1 1 1		
			1		
Mailing Address	One Takeda Parkway				
	Deerfield	L	60015		
	CITY▲	STATE ▲	ZIP CODE		
Relationship:					
X Connected Organization	Affiliated Committee Joint Fur	ndraising Representative	Leadership PAC Sponsor		
possession of Committe	possession of Committee books and records.				
Full Name	n Pring 				
Mailing Address	One Takeda Parkway				
	Deerfield		60015		
Title or Position ▼ Treasure	CITY A er T	STATE Telephone number 224	ZIP CODE 4 - 554 - 2218		
name and address of a	ne and address (phone number optional) of t ny designated agent (e.g., assistant treasurer) n Pring		ttee; and the		
Mailing Address	One Takeda Parkway				
	Deerfield	<u>IL</u>	60015		
Title or Position ♥	CITY A	STATE A	ZIP CODE A		
Treasur	er	Telephone number	_ 554 _ 2218		

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Full Name of Designated Agent	Scott Dessing		
Mailing Address	One Takeda Parkway		
	Deerfield		60015 –
Title or Position ▼	CITY A	STATE	ZIP CODE A
Assis	tant Treasurer	Telephone number	224 554 5516
safety deposit boxes or Name of Bank, Deposite			
Mailing Address	PO Box 15463		
Mailing Address			19884 _ 5463
Mailing Address	PO Box 15463		
Mailing Address Name of Bank, Deposito	PO Box 15463 Willimgton CITY	DE	
	PO Box 15463 Willimgton CITY	DE	
	PO Box 15463 Willimgton CITY	DE	
Name of Bank, Deposite	PO Box 15463 Willimgton CITY	DE	
Name of Bank, Deposite	PO Box 15463 Willimgton CITY	DE	

safety deposit boxes or maintai	ins funds.		
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
		. .	_
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising R	epresentative, or Leader	[ADDITIONAI
Mailing Address	1401 H Street, NW		
	Suite 200		1 1 1 1 1 1 1
	Washington	DC L	20005
	CITY▲	STATE A	ZIP CODE 🛦
ationship: Connected Organization	X Affiliated Committee Joint Fundraising F	Representative Lea	dership PAC Sponsor
			[ADDITIONAL]
Designated Agent			[ADDITIONAL]
Designated Agent Full Name			[ADDITIONAL]
Full Name			[ADDITIONAL]
1			[ADDITIONAL]
Full Name			[ADDITIONAL]
Full Name			
Full Name	CITY A	STATE &	ZIP CODE A
Full Name		STATE phone number	
Full Name	Tele		