



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**TEVA PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="31696.12"/>	<input type="text" value="31696.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39853.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9855.96"/>	<input type="text" value="21062.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49709.04"/>	<input type="text" value="52759.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="11550.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41209.04"/>	<input type="text" value="41209.04"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TEVA PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1211.54	2661.54
(ii) Unitemized .....	8644.42	18401.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9855.96	21062.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9855.96	21062.92
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9855.96	21062.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9855.96	21062.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	11000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8500.00	11550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	11550.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9855.96	21062.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9855.96	21062.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	50.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	50.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEVA PAC**

**A. Debra Suzanne Barrett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4619 Chase Ave  
City Bethesda State MD Zip Code 20814-3525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Teva Pharmaceuticals Occupation SVP Global Gov Aff & Pub Pol  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 05 / 2016  
**Transaction ID : A3C5A1EAADCF245C4BF/**  
Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Debra Suzanne Barrett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4619 Chase Ave  
City Bethesda State MD Zip Code 20814-3525  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Teva Pharmaceuticals Occupation SVP Global Gov Aff & Pub Pol  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : ACC89B5165A7048F1949**  
Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Maureen M Cavanaugh**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1090  
City North Wales State PA Zip Code 19454-0090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Teva Pharmaceuticals Occupation GM US Generics  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2016  
**Transaction ID : A1E347C12EED14AE6B61**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEVA PAC**

Full Name (Last, First, Middle Initial)  
**A. Maureen M Cavanaugh**

Mailing Address PO Box 1090

City North Wales State PA Zip Code 19454-0090

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation GM US Generics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : A46F000143AB84FC38BB**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Richard S Egosi**

Mailing Address 708 Coquina Way

City Boca Raton State FL Zip Code 33432-3041

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation Sr EVP Legal & IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2016

**Transaction ID : AAEC7A1B938074F938AC**

Amount of Each Receipt this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Richard S Egosi**

Mailing Address 708 Coquina Way

City Boca Raton State FL Zip Code 33432-3041

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation Sr EVP Legal & IP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2016

**Transaction ID : A10DC83C13F584F138ED**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEVA PAC**

**A. Joseph A Jimenez**  
Full Name (Last, First, Middle Initial)

Mailing Address 5224 SW 159th Ave

City Miramar State FL Zip Code 33027-4993

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation BPO Quality Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : A314D84AA11E244639B0**

Amount of Each Receipt this Period  
**80.77**

Memo Item

**B. Joseph A Jimenez**  
Full Name (Last, First, Middle Initial)

Mailing Address 5224 SW 159th Ave

City Miramar State FL Zip Code 33027-4993

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation BPO Quality Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 19 / 2016**

**Transaction ID : AECCA7D08DC9548C0AAA**

Amount of Each Receipt this Period  
**80.77**

Memo Item

**C. Robert Kincaid**  
Full Name (Last, First, Middle Initial)

Mailing Address 2906 W Linden Ave

City Nashville State TN Zip Code 37212-4713

FEC ID number of contributing federal political committee. **C**

Name of Employer Teva Pharmaceuticals Occupation Dir, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 05 / 2016**

**Transaction ID : A5251D6AD2D4444F6A1F**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>261.54</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEVA PAC**

Full Name (Last, First, Middle Initial)  
**A. Robert Kincaid**

Mailing Address 2906 W Linden Ave

City Nashville State TN Zip Code 37212-4713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Teva Pharmaceuticals Dir, Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 19 / 2016  
**Transaction ID : A3C8E386E390D40DEADF**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Earl Rodman Major**

Mailing Address 309 SE Canter Ct

City Lees Summit State MO Zip Code 64082-8206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Teva Pharmaceuticals Sr Dir HRBP NA GSM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 05 / 2016  
**Transaction ID : AFE8EED8CE3CC436CB5E**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Earl Rodman Major**

Mailing Address 309 SE Canter Ct

City Lees Summit State MO Zip Code 64082-8206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Teva Pharmaceuticals Sr Dir HRBP NA GSM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 19 / 2016  
**Transaction ID : A7D57C568C2404DF5B3C**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1211.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEVA PAC**

Full Name (Last, First, Middle Initial)

**A. CARPER FOR SENATE**

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Sen. Tom R. Carper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : **BC5503B8455C04C64AA4**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ENGEL FOR CONGRESS**

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Eliot L. Engel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : **B7F1DE498AAA74EBDB3C**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NITA LOWEY FOR CONGRESS**

Mailing Address PO BOX 271

City WHITE PLAINS State NY Zip Code 10605

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Nita M. Lowey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2016

Transaction ID : **BB41744DBB30A4411B16**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEVA PAC**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement  
Political Contribution

Candidate Name  
**Rep. Ben Ray Lujan Jr.**

Office Sought:  House  
 Senate  
 President  
State: NM District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2016

Transaction ID : BBB779F20451F4FB7943

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00

8500.00