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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Shire Holdings US AG Political Action Committee AKA Shire PAC 901 15th Street, NW ADDRESS (number and street) Suite 510 (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Danita.Humphries@shire.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00578336 FEC IDENTIFICATION NUMBER > 3. X 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. Humphries, Danita, , , Type or Print Name of Treasurer Humphries, Danita, , , [Electronically Filed] 01 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
Shire Holdings	US AG Political Action Committee AKA Shir	e PAC
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Shire Holdings US AG		
Mailing Address	901 15th Street, NW	
	Suite 510	
	Washington DC 20005	
	CITY STATE ZIF	P CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
Relationship.	2000 John Fundalishing Representative	Tallip I No apolisor
 Custodian of Records: Identification books and records. Humphries Full Name 	tify by name, address (phone number optional) and position of the person in posses , Danita, , ,	ssion of committee
Mailing Address	901 15th Street NW	
	Suite 510	
	Washington DC 20005	
Title or Position	CITY STATE ZIF	P CODE
Custodian of Records		5161
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Humphries of Treasurer	, Danita, , ,	
Mailing Address	901 15th Street NW	
	Suite 510	
	Washington	
Tille on Dealth	CITY STATE ZIP	CODE
Title or Position Treasurer	Telephone number 202 310	5161

Telephone number

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A.	
	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9	
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9	
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago IL 60603	ZIP CODE
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago Clity STATE Z	ZIP CODE
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago Clity STATE Z	ZIP CODE
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago Clity STATE Z	ZIP CODE
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago Clity STATE Z	ZIP CODE
Name of Bank, I	Depository, etc. JPMorgan Chase Bank, N.A. 10 South Dearborn Floor 9 Chicago Clity STATE Z	ZIP CODE

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

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h). Joint Fundraisi	1	FFC ID	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Takeda Pharmac	euticals America Inc. Political Action	Committee	
Mailing Address	One Takeda Parkway		
	Deerfield	IL	60015
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Represents	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A