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Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL Teva Pharmaceuticals USA, Inc. Political Action Committee (b) Number and Street Address 444 North Capitol Street, NW 2. FEC IDENTIFICATION NUMBER C00434811 Suite 722 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Washington DC 20001 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) HILLARY RODHAM CLINTON 06/05/2007 Presidential 00 (ii) NATHAN DEAL 06/11/2007 House GA 10 (iii) LAMAR ALEXANDER Senate ΤN 00 06/20/2007 (iv) **CHARLES B RANGEL** NY 07/31/2007 House 15 (v) MICHAEL B ENZI WY 00 10/09/2007 Senate (b) Contributors: The committee received a contribution from its 51st contributor 03/14/2008 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/08/2007 (d) Qualification: The committee met the above requirements on: 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 DATE SIGNATURE OF TREASURER Electronically Filed by Deborah Griffin 04/10/2008 Deborah Griffin Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100
FEC FORM 1 M
Revised 1/2001