

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2007 JUL 31 AM 9:38

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 311 BONNIE CIRCLE

Check if different than previously reported. (ACC)

CORONA CA 92880

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00391086

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

X

- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

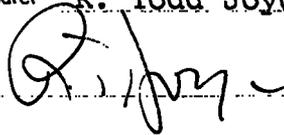
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. Todd Joyce

Signature of Treasurer



Date 07 31 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X  
Rev. 12/2004

27039491876

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 0 1 / 0 1 / 2 0 0 7 To: <sup>M M / D D / Y Y Y Y</sup> 0 6 / 3 0 / 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1. <sup>Y Y Y Y</sup> 2 0 0 7		9,335.81
(b) Cash on Hand at Beginning of Reporting Period.....	9,335.81	
(c) Total Receipts (from Line 19).....	15,966.50	15,996.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25,302.31	25,302.31
7. Total Disbursements (from Line 31).....	4,088.47	4,088.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21,213.84	21,213.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

27039491877

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: MM / DD / YYYY 0 1 / 0 1 / 2 0 0 7 To: MM / DD / YYYY 0 6 / 3 0 / 2 0 0 7

27039491878

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).....	1,539.150	1,539.150
(ii) Unitemized.....	575.00	575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,596.650	1,596.650
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,596.650	1,596.650
12. Transfers From Affiliated/Other Party Committees.....	00	00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,596.650	1,596.650
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,596.650	1,596.650

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 0	0 0
(ii) Non-Federal Share.....	0 0	0 0
(b) Other Federal Operating Expenditures .....	8 8 4 7	8 8 4 7
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0	0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0	0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,000 00	4,000 00
24. Independent Expenditures (use Schedule E).....	0 0	0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 0	0 0
26. Loan Repayments Made.....	0 0	0 0
27. Loans Made.....	0 0	0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0	0 0
(b) Political Party Committees .....	0 0	0 0
(c) Other Political Committees (such as PACs).....	0 0	0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0	0 0
29. Other Disbursements .....	0 0	0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0	0 0
(ii) "Levin" Share.....	0 0	0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0	0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0 0	0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4,088 47	4,088 47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,088 47	4,088 47

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**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) .....	1 5 9 6 6 5 0	1 5 9 6 6 5 0
34. Total Contribution Refunds (from Line 28(d)) .....	0 0	0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1 5 9 6 6 5 0	1 5 9 6 6 5 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0	0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0	0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0	0 0

27039491880

**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 1 OF 6			
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ADAMOWICZ, LINDA J.</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
Mailing Address <b>710 HANBURY DRIVE</b>		Amount of Each Receipt this Period <b>, 2 6 0 0 0</b>
City <b>DES MOINES</b>	State Zip Code <b>IL 60016</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>(Thirteen Receipts)</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>DIRECTOR, BUS. SYSTEMS</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 2 6 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. ALLEN, DONALD</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 4 / 0 6 / 2 0 0 7</b>
Mailing Address <b>2 TWIN PONDS</b>		Amount of Each Receipt this Period <b>, 1 0 0 0 0 0</b>
City <b>NEW FAIRFIELD</b>	State Zip Code <b>CT 06812</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>(Thirteen Receipts)</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>VP, MANUFACTURING OPS.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 1 0 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. ATTIAS, PHILIPPE LEON</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
Mailing Address <b>46 CEDAR STREET</b>		Amount of Each Receipt this Period <b>, 3 2 5 0 0</b>
City <b>MILBURN</b>	State Zip Code <b>NJ 07041</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>(Thirteen Receipts)</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>VP, INTERNAL AUDIT</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 3 2 5 0 0</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>1,585.00</b>
TOTAL This Period (last page this line number only).....▶	

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**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 <b>2</b> OF <b>6</b>
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BRINNIER, JACK</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 6 2 2 2 0 0 7</b>
Mailing Address <b>56 PLUM BROOK ROAD</b>		Amount of Each Receipt this Period  <b>2 6 0 0 0</b>  <b>(Twelve receipts)</b>
City <b>WOODBURY</b>	State Zip Code <b>CT 06798</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>VP, CORPORATE QUALITY</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, 2 6 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. BUCHEN, DAVID A.</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 6 2 2 2 0 0 7</b>
Mailing Address <del>1967 LA FRANCE AVENUE</del>		Amount of Each Receipt this Period  <b>3 0 0 0 0</b>  <b>(Four receipts)</b>
City <b>SOUTH PASADENA</b>	State Zip Code <b>CA 91030</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>SR. VP, GEN. COUNSEL</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, 3 0 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C. CHAO, ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y <b>0 3 0 6 2 0 0 7</b>
Mailing Address <b>115 S. MONTGOMERY WAY</b>		Amount of Each Receipt this Period  <b>5 0 0 0 0</b>
City <b>ANAHEIM</b>	State Zip Code <b>CA 92807</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>Chairman, Pres &amp; CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼  <b>, 5 0 0 0 0</b>	

SUBTOTAL of Receipts This Page (optional).....▶ **5 5 6 0 0 0**

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

27039491882

**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 3 OF 6	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

27039491883

Full Name (Last, First, Middle Initial) <b>A. CHEN, I-FAN</b>		Date of Receipt 06/22/2007
Mailing Address <b>980 S. GRINNELL STREET</b>		Amount of Each Receipt this Period <b>455.00</b>
City <b>ANAHEIM</b>	State Zip Code <b>CA 92807</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>(Thirteen receipts)</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>DIR., INFORMATION TECH.</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>455.00</b>	

Full Name (Last, First, Middle Initial) <b>B. EBERT, CHARLES D.</b>		Date of Receipt 06/22/2007
Mailing Address <b>1912 E. LAKEWOOD DRIVE</b>		Amount of Each Receipt this Period <b>130.00</b>
City <b>SALT LAKE CITY</b>	State Zip Code <b>UT 84117</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<b>(Thirteen receipts)</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>SR. VP, RESEARCH &amp; DEV</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>130.00</b>	

Full Name (Last, First, Middle Initial) <b>C. FALKIN, MARC</b>		Date of Receipt 04/05/2007
Mailing Address <b>4798 ORCHARD LANE</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>DELRAY BEACH</b>	State Zip Code <b>FL 33445</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>VP MARKETING</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>100.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2,755.00</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: PAGE 4 OF 6  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

**A. GALIARDI, MICHAEL A.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**22362 VALDIVIA**  
City State Zip Code  
**MISSION VIEJO CA 92691**

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

Name of Employer Occupation  
**WATSON PHARMACEUTICALS DIR., INFO. TECH.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, 2 0 1 5 0**

Date of Receipt  
M M / D D / Y Y Y Y  
**0 6 2 2 2 0 0 7**

Amount of Each Receipt this Period  
**2 0 1 5 0**

**(Thirteen receipts)**

**B. HEIMERS, EDWARD**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**14 MELBOURNE WAY**  
City State Zip Code  
**BASKING RIDGE NJ 07920**

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

Name of Employer Occupation  
**WATSON PHARMACEUTICALS PRES., BRAND DIV.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, 2 4 7 0 0 0**

Date of Receipt  
M M / D D / Y Y Y Y  
**0 6 2 2 2 0 0 7**

Amount of Each Receipt this Period  
**2,470.00**

**(Thirteen receipts)**

**C. LONG, GEORGE T.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**3501 N.22nd STREET**  
City State Zip Code  
**ARLINGTON VA 22207**

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

Name of Employer Occupation  
**WATSON PHARMACEUTICALS VP, GOV'T. AFFAIRS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**, 6 0 0 0 0**

Date of Receipt  
M M / D D / Y Y Y Y  
**0 6 2 2 2 0 0 7**

Amount of Each Receipt this Period  
**6 0 0 0 0**

**(Thirteen receipts)**

**SUBTOTAL of Receipts This Page (optional).....▶** **3,271.50**

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

27039491884

**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 5 OF 6
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. REGAN, JEFF</b>	Date of Receipt M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
Mailing Address <b>9 CAROL ROAD</b>	Amount of Each Receipt this Period <b>5 2 0 0 0</b>
City State Zip Code <b>KINNELON NJ 07405</b>	(Thirteen receipts)
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation <b>WATSON PHARMACEUTICALS VP, MATERIALS</b>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <b>5 2 0 0 0</b>

Full Name (Last, First, Middle Initial) <b>B. SKARA, SUSAN K.</b>	Date of Receipt M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
Mailing Address <b>4726 E. EL RITO DRIVE</b>	Amount of Each Receipt this Period <b>4 2 0 0 0</b>
City State Zip Code <b>ORANGE CA 92867</b>	(Seven receipts)
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation <b>WATSON PHARMACEUTICALS SR. VP, HUMAN RESOURCES</b>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <b>4 2 0 0 0</b>

Full Name (Last, First, Middle Initial) <b>C. SWEE, SARA J.</b>	Date of Receipt M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
Mailing Address <b>304 TERRA BELLA</b>	Amount of Each Receipt this Period <b>7 6 0 0 0</b>
City State Zip Code <b>IRVINE CA 92602</b>	(Fourteen receipts)
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation <b>WATSON PHARMACEUTICALS DIR., CORP. COMMUNICATIONS</b>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date <b>7 6 0 0 0</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1 7 0 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

27039491885

**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 6	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WALES, BRYANT KEITH</b>		Date of Receipt
Mailing Address <b>70 FAIRMONT AVENUE</b>		M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
City	State	Zip Code
<b>CHESTER</b>	<b>NJ</b>	<b>07930</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 2 6 0 0 0</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>VP, STRATEGIC PURCHASING</b>	<b>(Thirteen receipts)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 2 6 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>B. WOODS, MARY J.</b>		Date of Receipt
Mailing Address <b>24639 VIA VALLARTA</b>		M M / D D / Y Y Y Y <b>0 6 / 2 2 / 2 0 0 7</b>
City	State	Zip Code
<b>YORBA LINDA</b>	<b>CA</b>	<b>92887</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>, 2 6 0 0 0</b>
Name of Employer <b>WATSON PHARMACEUTICALS</b>	Occupation <b>EX. DIR., CALL CENTER OPS.</b>	<b>(Thirteen receipts)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>, 2 6 0 0 0</b>	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5 2 0 0 0</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, 1 5,3 9 1.5 0</b>

27039491886

**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)						PAGE 1 OF 2				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A. UNION BANK OF CALIFORNIA</b>			Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address <b>445 S. FIGUEROA STREET</b>			Amount of Each Disbursement this Period  , , 1 9 . 7 5	
City State Zip Code <b>LOS ANGELES CA 90071</b>		Purpose of Disbursement <b>BANK CHARGE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>B. UNION BANK OF CALIFORNIA</b>			Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7	
Mailing Address <b>445 S. FIGUEROA STREET</b>			Amount of Each Disbursement this Period  , , 1 9 . 2 2	
City State Zip Code <b>LOS ANGELES CA 90071</b>		Purpose of Disbursement <b>BANK CHARGE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>C. UNION BANK OF CALIFORNIA</b>			Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address <b>445 S. FIGUEROA STREET</b>			Amount of Each Disbursement this Period  , , 1 7 . 4 2	
City State Zip Code <b>LOS ANGELES CA 90071</b>		Purpose of Disbursement <b>BANK CHARGE</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	, , 5 6 . 3 9
<b>TOTAL</b> This Period (last page this line number only).....▶	, , .

27039491887

**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)								PAGE 2 OF 2
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b			

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UNION BANK OF CALIFORNIA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 4 . 2 5 . 2 0 0 7</b>
Mailing Address <b>445 S. FIGUEROA STREET</b>		Amount of Each Disbursement this Period <b>1 4 2 2</b>
City <b>LOS ANGELES</b>	State Zip Code <b>CA 90071</b>	
Purpose of Disbursement <b>0 0 1</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. UNION BANK OF CALIFORNIA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 5 . 2 5 . 2 0 0 7</b>
Mailing Address <b>445 S. FIGUEROA STREET</b>		Amount of Each Disbursement this Period <b>1 2 8 0</b>
City <b>LOS ANGELES</b>	State Zip Code <b>CA 90071</b>	
Purpose of Disbursement <b>0 0 1</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. UNION BANK OF CALIFORNIA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>0 6 . 2 5 . 2 0 0 7</b>
Mailing Address <b>445 S. FIGUEROA STREET</b>		Amount of Each Disbursement this Period <b>5 0 6</b>
City <b>LOS ANGELES</b>	State Zip Code <b>CA 90071</b>	
Purpose of Disbursement <b>0 0 1</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>3 2 0 8</b>
TOTAL This Period (last page this line number only).....▶	<b>8 8 4 7</b>

27039491888

**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)						PAGE 1 OF 1				
	<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

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NAME OF COMMITTEE (In Full)  
**WATSON PHARMACEUTICALS INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PALLONE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2007</b>
Mailing Address <b>P.O. BOX 3176</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>LONG BEACH</b>	State <b>NJ</b>	
Zip Code <b>07740</b>		Category/ Type <b>001</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>FRANK PALLONE, JR.</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <b>NJ</b>		District: <b>6TH</b>

Full Name (Last, First, Middle Initial) <b>B. GENERIC PHARMACEUTICAL ASSOCIATION PAC</b>		Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2007</b>
Mailing Address <b>2300 CLARENDON BOULEVARD, SUITE 400</b>		Amount of Each Disbursement this Period <b>3,000.00</b>
City <b>ARLINGTON</b>	State <b>VA</b>	
Zip Code <b>22201</b>		Category/ Type <b>001</b>
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:		District:

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:		District:

SUBTOTAL of Disbursements This Page (optional).....	<b>4,000.00</b>
TOTAL This Period (last page this line number only).....	<b>4,000.00</b>

27039491889

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/30/07</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW*  
 PREPARER

*7/31/07*  
 DATE PREPARED

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