FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORIWI I  | (See instruction                   | ons)   | Office use only                           |                      |
|---|------------------------------------|--|---|----------------------|
| NAME OF COMMITTEE (in full)                         | (Check if name is changed)         | Example: If typying, type over the lines   | 12FE4M5                                   |                      |
| TAKEDA PHARMAÇE                                     | UTICALS AMERICA, INC               | . POLITICAL ACTION COMM  | IITTEE (TakPA-                            | لـــــا              |
| <u> </u>  | <u> </u>                           | <u> </u>   |   |                      |
| ADDRESS (number and street)                         | One Takeda Parkwa                  | ay<br>   |   | لـــــا              |
| (Check if address                                   |                                    |  |   | لــــــا             |
| is changed)   | Deerfield                          |  | IL 60015 _                                | لـــــا              |
| COMMITTEE'S E-MAIL ADDR                             | ESS                                | CITY   | STATE▲ ZIP CODE ₄                         | •                    |
|   | ; SDESSING@tpna.com                |  |   | 1                    |
| 1   |                                    |  |   | !                    |
| COMMITTEE'S WEB PAGE A                              | DDRESS (URL)                       |  |   | <del></del>          |
|   |                                    |  |   | لــــــا             |
| <u> </u>  | <u> </u>                           |  |   |                      |
| COMMITTEE'S FAX NUMBER 2245547859  2. DATE M.M. / D |                                    |  |   |                      |
| 3. FEC IDENTIFICATION NU                            | 05 2008                            | C C00441733  | 1   |                      |
| o. Teo ibentili ibation n                           | ,                                  | C C00441733  | J   |                      |
| 4. IS THIS STATEMENT                                | X NEW (N) OR                       | AMENDED (A)  |   |                      |
| I certify that I have examined this S               | Statement and to the best of my kn | owledge and belief it is true, correct an  | d complete                                |                      |
| Type or Print Name of Treasure                      | Helen Evans                        |  |   |                      |
| Signature of Treasurer Elect                        | cronically Filed by Helen Ev       | ans  | Date 06 / 05 / Y                          | <sup>Y</sup> 2 0 0 8 |
| NOTE: Submission of false, errone                   | ·                                  | ay subject the person signing this State   | ement to the penalties of 2 U.S.C. S437g. |                      |
| Office<br>Use<br>Only<br>FE3AN042.PDF               |                                    | For further information of<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |   |                      |

|          | FEO <b>For</b>                 | m 1 (Revised 02/2003)  | Page 2                                  |
|----------|--------------------------------|--|---|
| 5.       | TYPE OF CO                     | MMITTEE (Check One)  |   |
|          | (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 the information below.)                          | e candidate                             |
|          | Name of<br>Candidate           |  |   |
|          | Candidate<br>Party Affiliation | Office Sought: House Senate President  | State District                          |
|          | (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |
|          | Name of<br>Candidate           |  |   |
|          | (d) X                          | This committee is a (National, State (or subordinate) committee of the  This committee is a separate segregated fund                             | (Democratic,<br>Republican,etc.) Party. |
|          | (f)                            | This committee is a separate segregated fund  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated. | d fund or party                         |
|          | (1)                            | committee.   | a rand or party                         |
| 6.       | Name of Any                    | Connected Organization or Affiliated Committee   |   |
| ı        | TAKEDA PI                      | HARMACEUTICALS AMERICA, INC.   | <b>.</b>                                |
| <u> </u> |                                |  |   |
|          | Mailing Addre                  | One Takeda Parkway   |   |
|          | Maining / ladic                |  |   |
|          |                                | Deerfield  | 60015   _                               |
|          |                                | CITY STATE A   | ZIP CODE 🛦                              |
|          | Relationship                   | Connected  |   |
|          |                                | ected Organization:  |   |
|          | X Corp                         | oration Corporation w/o Capital Stock Labor Organi   | zation                                  |
|          | Mem                            | nbership Organization Trade Association Cooperative  |   |

|   | FEC Form 1   |              |  |                     |                | Pa              |             |
|---|--|--------------|--|---------------------|----------------|-----------------|-------------|
|   | e or Type Comm   |              |  |                     |                |                 |             |
|   |  |              | CALS AMERICA, INC. POLITICAL ACT   |                     |                | -               |             |
|   |  |              | tify by name, address, (phone number ooks and records.                               | optional), and posi | tion of the    | e person in     |             |
| Fı  | ull Name   | Helen Ev     | /ans   |                     |                |                 |             |
| М   | lailing Address  | -            | One Takeda Parkway   |                     |                |                 |             |
|   |  | -            | Deerfield  | <u>IL</u>           |                | 60015           |             |
| Ti  | itle or Position <b>\</b>  | •            | CITY A   | STAT                | E▲             | ZIP CO          | DE A        |
| _   |  | Treasurer    |  | Telephone number    | 224            | 554<br>         | 2218        |
|   |  |              | nd address (phone number optional) of<br>lesignated agent (e.g., assistant treasurer |                     | e commit       | tee; and the    |             |
| n:<br>Fi<br>of  |  |              | lesignated agent (e.g., assistant treasurer  |                     | e commit       | tee; and the    |             |
| n:<br>Fi<br>of  | ame and addrull Name   | ess of any d | esignated agent (e.g., assistant treasurer   |                     | e commit       | 60015 _         |             |
| n:<br>Fi<br>of<br>M   | ame and addrull Name   | ess of any d | vans One Takeda Parkway  | ´).                 |                |                 | DE A        |
| n:<br>Fi<br>of<br>M   | ame and addrull Name f Treasurer lailing Address itle or Position  | ess of any d | vans  One Takeda Parkway  Deerfield  CITY ▲  | <u>'</u> IL         |                | 60015 _         | DE <b>▲</b> |
| n: Fr of  | ame and addrull Name f Treasurer lailing Address itle or Position  | Helen Ev     | One Takeda Parkway  Deerfield  CITY A  |                     | <br>E <b>A</b> | 60015<br>ZIP CO |             |
| From the second | ame and addrull Name f Treasurer lailing Address itle or Position  | Helen Ev     | One Takeda Parkway  Deerfield  CITY A  |                     | <br>E <b>A</b> | 60015<br>ZIP CO |             |
| n. Fr of  | ame and addr ull Name f Treasurer lailing Address itle or Position | Helen Ev     | One Takeda Parkway  Deerfield  CITY A  |                     | <br>E <b>A</b> | 60015<br>ZIP CO |             |
| n. Fr of  | ame and addr ull Name f Treasurer lailing Address itle or Position | Helen Ev     | One Takeda Parkway  Deerfield  CITY A  |                     | E.▲<br>        | 60015<br>ZIP CO |             |

224

Telephone number

554

5516

**Assistant Treasurer** 

| _  | FEC Form  | 1 (Revised 02   | 2/2003)          |          |       |      |         |         |      |       |       |       |      |      |         |      |       |      |     |      |      | Page | e <b>4</b> |     |   |
|----|---|-----------------|------------------|----------|-------|------|---------|---------|------|-------|-------|-------|------|------|---------|------|-------|------|-----|------|------|------|------------|-----|---|
| 9. | Banks or Other<br>safety deposit box<br>Name of Bank, D | xes or maintair | ns funds.        | oanks or | other | depo | sitorie | es in v | vhic | h the | e con | nmitt | ee d | epos | sits fu | unds | s, hc | olds | acc | cour | nts, | rent | S          |     |   |
|    | ,   |                 | f America<br>└── | 1 1 1    |       |      |         |         |      |       |       |       |      |      |         |      |       |      |     | 1    | L    |      | L          |     |   |
|    | Mailing Address   |                 | PO Box           | 15463    |       |      |         |         |      |       |       |       |      |      | ш       |      |       |      |     |      |      | Ш    |            |     |   |
|    |   |                 |                  |          |       | ш    |         |         |      |       |       |       |      |      | ш       |      |       |      |     |      |      | Ш    |            |     |   |
|    |   |                 | Wilmin           | gton     |       | ш    |         |         |      |       |       |       |      |      | DE      |      |       |      | _ 1 | 198  | 84   | _    | 5          | 463 | ; |
|    |   |                 |                  |          | C     | CITY | 4       |         |      |       |       |       |      | STA  | ATE.    | Δ    |       |      |     | ZIF  | C    | ODE  |            | _   |   |
|    | Name of Bank, D   | epository, etc. |                  |          |       |      |         |         |      |       |       |       |      |      |         |      |       |      |     |      |      |      |            |     |   |
|    |   |                 |                  |          |       | ш    |         |         |      |       |       |       |      | L    |         |      |       |      |     |      |      | Ш    |            |     |   |
|    | Mailing Address   |                 |                  |          |       |      |         |         | l    | Ш     |       |       |      | 1    |         |      |       |      | 1   | L    |      | Ш    |            |     |   |
|    |   |                 |                  |          |       |      |         |         |      |       |       |       |      |      |         |      |       |      |     |      |      | Ш    |            |     |   |
|    |   |                 | 1                |          |       |      |         |         |      |       |       |       |      |      |         |      |       |      |     |      |      |      |            |     |   |

CITY 🗖

STATE **△** 

ZIP CODE 🛕