FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in fu	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
King Pharmace	euticals, Inc. Political Action Committee	
ADDRESS (number and st	reet) 501 Fifth Street	
(Check if address		
is changed)	Bristol	TN 37620 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	KingPAC@kingpharm.com	
io siidiigoti,		
COMMITTEE'S WEB P	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00467829	
4. IS THIS STATEME	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
	, ,	
Type or Print Name of T	reasurer Frederick Brouillette, Jr.	
Signature of Treasurer	Electronically Filed by Frederick Brouillette, Jr.	Date 03 / 09 / YYYYY
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	

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5.			DMMITTEE (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 information below.)	e. (Complete the candidate	
	Name Cand				
	Cand Party	idate Affiliati	Office Sought: House Senate	President State District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized commit	tee.	
	Name Cand				
	Party	Comm			
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.	
_	Politi	cal Act	ion Committee (PAC):		
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:	
			X Corporation Corporation w/o Capital Stock	Labor Organization	
				H	
			Membership Organization Trade Association	Cooperative	
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.		
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separa committee. (i.e., nonconnected committee)	ate segregated 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.)		
III addition, this committee is a Leadership FAC. (identity sponsor on line o.)					
	Joint F	Fundra	ising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal ca		
	(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
Committees Participating in Joint Fundraiser					
			1. FEC ID number	С	
			2. FEC ID number	С	
			3. FEC ID number		
			4 FEC ID number		

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Write or Type Committee Name					
King Pharmaceuticals,	Inc. Political Action Committe	e			
6. Name of Any Connected Org	ganization, Affiliated Committee, Jo	oint Fundraising Representat	tive, or Le	eadership PAC Sponsor	
King Pharmaceuticals, Ir	n c.		1 1 1		
<u> </u>	<u> </u>				
Mailing Address	501 Fifth Street		1 1 1		
			1 1 1		
	Bristol		ŢN	37620	
	CITY▲	ST	TATE 🛕	ZIP CODE	
Relationship:					
X Connected Organization	Affiliated Committee	Joint Fundraising Represe	entative	Leadership PAC Sponsor	
possession of Committee	EO1 Eith Ctroot				
	Bristol		TN	37620	
Title or Position ▼ Treasurer	CITY A	ST Telephone number	TATE ∆ r <u>423</u>	ZIP CODE 14 3 - 989 - 8751	
	and address (phone number c designated agent (e.g., assistar		f the con	nmittee; and the	
Full Name of Treasurer Freder	Evadovials Dravillatto Iv				
Mailing Address	501 5th Street				
	Bristol		TN	37620	
Title or Position ♥	CITY 🛦	S	TATE▲	ZIP CODE A	
Treasurer		Telephone numbe	423	3 _ 989 _ 8751	

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Full Name of Designated Agent	Brett A. Burrell					
Mailing Address	501 Fifth Street					
	Bristol		37620 –			
Title or Position ▼	CITY A	STATE A	ZIP CODE A			
Assistant	Treasurer	Telephone number 423				
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
Bank	c of America					
Mailing Address	1143 Volunteer Parkway					
	Bristol		, , 37620 _ , , , ,			
	CITY 🗖	STATE 4	ZIP CODE 🛕			
Name of Bank, Depository, e	etc.					
Mailing Address						
	CITY △	STATE ⊿	ZIP CODE 🛕			

Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, hol	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE₄	ZIP CODE 🛕
Name of Any Connected Organizer Inc. PAC	anization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leade	[ADDITIONAL rship PAC Sponsor
	235 East 42nd Street		
Mailing Address	233 East 42III Street		
	No. 7 de		
	New York	LNY L	10017
elationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Re	presentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
		<u> </u>	
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Talank		
	I eiepn	one number	[ADDITIONAL]
Joint Fundraiser Participant			[ADDITIONAL]
	FI	EC ID number	