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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Teva Pharmaceuticals USA Inc. Political Action Committee (Teva PAC) 300 New Jersey Avenue, NW ADDRESS (number and street) Suite 900 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS robin@sextonpac.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00434811 FEC IDENTIFICATION NUMBER 3. 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. Loughery, David, , , Type or Print Name of Treasurer Loughery, David, , , [Electronically Filed] 18 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	Ц	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. (Complinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate / Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, epublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Γ			
FEC Form 1 (Revised 0			Page 3
Write or Type Committee Name		Committee (T	
	uticals USA Inc. Political Action	-	
•		resentative, or Leadership	FAC Spoilsoi
Teva Pharmaceuticals	USA Inc.		
Mailing Address	1090 Horsham Road		
	North Wales	PA 19454-1505	<u> </u>
	CITY	STATE ZI	P CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising	g Representative Leade	ership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and posit	tion of the person in posse	ssion of committee
Full Name Loughery, Mailing Address	David, , , 400 Interpace Parkway		
•	Parsippany	NJ 07054	
Title or Position	CITY	STATE ZII	P CODE
Custodian of Records		mber 610 - 72	7 3215
Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the name	and address of
Full Name Loughery, I of Treasurer	David, , ,		
Mailing Address	400 Interpace Parkway		
	Parsippany CITY	NJ 07054 STATE ZIF	P CODE
Title or Position		040 70	7 0045

Telephone number

FEC FOITH I (I	(Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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