

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Teva Pharmaceuticals USA Inc. Political Action Committee (Teva PAC)

ADDRESS (number and street)

300 New Jersey Avenue, NW

☒ (Check if address is changed)

Suite 900

Washington

CITY ▲

DC

STATE ▲

20001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

robin@sextonpac.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y
11 / 18 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00434811

4. 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.

Type or Print Name of Treasurer Loughery, David, , ,

Signature of Treasurer

Loughery, David, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
11 / 18 / 2019

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Teva Pharmaceuticals USA Inc. Political Action Committee (Teva PAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Teva Pharmaceuticals USA Inc.

Mailing Address

1090 Horsham Road

North Wales

CITY

PA

STATE

19454-1505

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Loughery, David, , ,

Mailing Address

400 Interpace Parkway

Parsippany

CITY

NJ

STATE

07054

ZIP CODE

Title or Position

Custodian of Records

Telephone number

610

727

3215

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Loughery, David, , ,

Mailing Address

400 Interpace Parkway

Parsippany

CITY

NJ

STATE

07054

ZIP CODE

Title or Position
Treasurer

Telephone number

610

727

3215

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **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.

PNC Bank

Mailing Address

1500 Market Street

Philadelphia

PA

19103

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE