PAGE 1/4 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) Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC) 1400 Atwater Drive ADDRESS (number and street) (Check if address is changed) Malvern 19355 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS palermo.christopher@endo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00452052 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. Palermo, Christopher, , , Type or Print Name of Treasurer Palermo, Christopher, , , [Electronically Filed] 2017 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LOCAI 202-094-1100

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		OMMITTEE	raye z				
Can	didate	Committee:					
(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 candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(5)				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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 transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Name	•	
Endo Pharmac	euticals Inc Political Action Committee (END	O PAC)
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Endo Pharmaceuticals	; Inc.	
Mailing Address	1400 Atwater Drive	
	Malvern PA 19355	
	CITY STATE Z	IP CODE
Datationalia	Constitution Description Description Description Description	lauahin DAC Cuanaan
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
books and records. Scott, And Full Name	lrew, , , ,	
Mailing Address		
	Washington DC 120003	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer	Telephone number 484 – 2°	16 6693
Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Palermo, 0 of Treasurer	Christopher, , ,	
Mailing Address	1400 Atwater Drive	
	Malvern	
Tu 5	CITY STATE ZI	IP CODE
Title or Position Treasurer	Telephone number 484 21	7760

Telephone number

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Full Name of Designated Agent	Scott, Andrew, , ,	
Mailing Address	499 South Capitol St SE	
	Washington DC 20003 CITY STATE ZIP	CODE
Title or Position Assistant Treasu	urer Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds. Depository, etc.	counts, rents
	Wells Fargo	
Mailing Address	77 Lancaster Avenue	
	Malvern PA 19355	
	CITY STATE ZIP	CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE ZIP	CODE