

2009 NOV 24 PM 2:30

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Alexion Pharmaceuticals, Inc. PAC

ADDRESS (number and street)

352 Knotter Drive

(Check if address is changed)

Cheshire

CT

06410

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

Grecom@alxn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
11 / 23 / 2009

3. FEC IDENTIFICATION NUMBER

C

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

Michael V. Greco

Signature of Treasurer

Date

MM / DD / YYYY
11 / 23 / 2009

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
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

29030193057

5. TYPE OF COMMITTEE (Check One)

Candidate 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.)

Name of Candidate _____

Candidate 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 Candidate _____

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) In addition, this committee is a Lobbyist/Registrant PAC.
- This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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 | <input checked="" type="checkbox"/> |
| 2. | _____ | FEC ID number | <input checked="" type="checkbox"/> |
| 3. | _____ | FEC ID number | <input checked="" type="checkbox"/> |
| 4. | _____ | FEC ID number | <input checked="" type="checkbox"/> |

29030193058

Write or Type Committee Name

Alexion Pharmaceuticals, Inc. PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Alexion Pharmaceuticals, Inc.

Mailing Address

352 Knotter Drive

Cheshire

CT

06410

CITY ▲

STATE ▲

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

Michael V. Greco

Mailing Address

352 Knotter Drive

Cheshire

CT

06410

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 203 - 271 - 8336

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

Michael V. Greco

Mailing Address

352 Knotter Drive

Cheshire

CT

06410

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 203 - 271 - 8336

29030193059

Full Name of Designated Agent

Thomas I.H. Dubin

Mailing Address

352 Knottter Drive

Cheshire

CT

06410 -

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

203

271

8203

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.

Webster Bank

Mailing Address

975 South Main Street

Cheshire

CT

06410 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030193060

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

11/24/07

USPS First Class Mail

Postmarked

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

Smith

PREPARER

11/25/07

DATE PREPARED

(3/2005)

29030193061