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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) is changed) over the lines. Harmony Biosciences, LLC PAC 630 W Germantown Pike ADDRESS (number and street) Suite 215 (Check if address is changed) Plymouth Meeting 19462-1069 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PAC@harmonybiosciences.com (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00683607 FEC IDENTIFICATION NUMBER > 3. X 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. Ross, Matthew, S,, Type or Print Name of Treasurer Ross, Matthew, S,, [Electronically Filed] 06 25 2021 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 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE OF C	OMMITTEE • 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 Affiliati	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Con	nmittee: (National, State	(Democratic,			
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party			
Political A	ction Committee (PAC):				
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is			
	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 segr 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 Fund	raising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t				
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for t				
`′ Ц	committees/organizations, none of which is an authorized committee of a federal candidate.				
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		-
Harmony Biosc	iences, LLC PAC	
-	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
Harmony Biosciences,	LLC	
Mailing Address	630 W Germantown Pike	
Mailing Address	Ste 215 Plymouth Meeting PA 19	462-1069
	CITY STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Ross, Mat Mailing Address	thew, S, , 630 W Germantown Pike	
J	Ste 215	
	Plymouth Meeting PA 19	0462-1069
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 484	_ 539 9800
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	the name and address of
Full Name Ross, Matt	hew, S, ,	
Mailing Address	630 W Germantown Pike	
	Ste 215	
		462-1069
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE
<u> </u>		

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Full Name of Designated Agent	sdo, Stephanie, , ,					
Mailing Address	630 W Germantown Pike					
	Ste 215					
	Plymouth Meeting CITY	PA 19462- STATE	1069 			
Title or Position Designated Agent	Telephone num	per	539 - 9800			
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.						
U	IBC Bank US 120 South LaSalle Street					
Mailing Address						
	Chicago	IL 60603				
	CITY	STATE	ZIP CODE			
			LIF CODE			
Name of Bank, Depo	sitory, etc.					
Name of Bank, Depor	sitory, etc.		ZIF CODE			
Name of Bank, Depos			ZIF CODE			
L			LIF CODE			
L						

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amended to update committee address, Treasurer, Custodian of Records, and email address.

Form/Schedule: Transaction ID: