

FEC
FORM 1STATEMENT OF
ORGANIZATION

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)

801 Pennsylvania Ave. NW

 (Check if address
is changed)

Suite 830

Washington

DC

20004-2719

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

Alexion.pac@alexion.com

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

http://www.alexion.com

http://www.alexion.com

2. DATE

M M / D D / Y Y Y Y
01 / 13 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00471169

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 Spalding, Todd, , Mr.,

Signature of Treasurer Spalding, Todd, , Mr.,

Date

M M / D D / Y Y Y Y
01 / 13 / 2026NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

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

In addition, this committee is a Lobbyist/Registrant PAC.

(f) 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.)

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.

(j) 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.

2.

C

C

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

121 Seaport Boulevard

Boston

MA

02210-2050

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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

Spalding, Todd, , Mr.,

Mailing Address

121 Seaport Blvd

Boston

MA

02210-2050

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

475 - 230 - 3372

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

Spalding, Todd, , Mr.,

Mailing Address

121 Seaport Blvd

Boston

MA

02210-2050

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

475 - 230 - 3372

Full Name of
Designated
Agent

Lebel, Del, , ,

Mailing Address

801 Pennsylvania Ave NW, Suite 830

Washington

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

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.

Webster Bank

Mailing Address

P.O. Box 191

Waterbury

CT

06720-0191

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 A=G7 9 @ B9 CI G H9 LH F9 @ H9 8 HC 5 F9 DCF HZG7 <981 @ CF H9 A=N5 H-CB

Form/Schedule: F1A

Transaction ID :

Updating PAC address, connected organization address, bank address, committee email address, custodian of records.

Form/Schedule:

Transaction ID:

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

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

Zeneca Inc. Political Action Committee (AZPAC)

Mailing Address

c/o Zeneca Inc.

1800 Concord Pike, PO Box 15437

Wilmington

DE

19850-5437

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲