Image# 20230418958104	0667		PAGE 1 / 4											
FEC FORM 1	_	IENT OF IZATION	c	Diffice Use Only										
1. NAME OF	(Check if name		12FE4M5											
COMMITTEE (in fu	,	over the lines.												
Alnylam Pha	rmaceuticals, Inc.	Political Action Co	ommittee (A	Inylam PAC)										
ADDRESS (number and	street) 675 West Kendall Stree	t 												
(Check if add is changed)	ress													
	Cambridge		MA 02	142										
	CITY ▲		STATE ▲	ZIP CODE▲										
COMMITTEE'S E-MAIL														
 (Check if add is changed) 	ress dparsons@alnylar	m.com												
	Optional Second E-Ma	ail Address ganlovells.com												
COMMITTEE'S WEB P4														
2. DATE 04	/ D D / Y Y Y Y 18 2023													
3. FEC IDENTIFICAT		C00670331												
4. IS THIS STATEME	NT NEW (N) O	R AMENDED (A)												
I certify that I have example	mined this Statement and to the	best of my knowledge and belie	f it is true, correct and	d complete.										
Type or Print Name of ∃	Freasurer Parsons, Deirdre, , Ms.	,												
Signature of Treasurer	Parsons, Deirdre, , Ms.,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 18 2023										
NOTE: Submission of fals		ation may subject the person signir DRMATION SHOULD BE REPORTE	-	e penalties of 52 U.S.C. §3010										
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)										

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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 c information below.)	andidate
	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: (National, State or subordinate) committee of the (Democratic, Republican, etc.)	c.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
	Corporation Corporation w/o Capital Stock	nization
	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 fu committee. (i.e., nonconnected committee)	und or party
	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
 2.

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۷	Vrite or Type Committee Name																							
	Alnylam Pharma	aceuticals,	Inc.	Po	oliti	ica	al A	۱C	tio	n	Сс	on	٦m	itt	ee	э (Ά	In	yla	am	۱F	γA	C)
6.	Name of Any Connected Of Alnylam Pharmaceut	•	ted Co	mmit	tee,	Join	it Fu	Indr	aisi	ng	Rep	res	enta	tive	e, o	r L(ead	iers	hip	PA	c s	pon	ISOI	
	Mailing Address	675 West Kendall S	Street																					
		_I Cambridge									1		MA	1		10)214	12		1	1			

	CITY A	STATE 🔺	ZIP CODE
Relationship: X 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.

Parsons, D	eirdre, , Ms.,
Full Name	
Mailing Address	675 West Kendall Street
	1
	Cambridge MA 02142 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Global Public Policy	Telephone number 202 - 341 - 3165

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

Full Name	Parsons, Deirdre, , Ms.,
of Treasurer	
Mailing Address	675 West Kendall Street
	Cambridge MA 02142
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Global Public Poli	cy Telephone number 202 341 3165

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Full Name of Designated Agent	Choate, Emily, , Ms.,							
Mailing Address	675 West Kendall Street	_						
	Cambridge							
Title or Position	CITY ▲ STATE ▲ ZIP CODE ▲							
Public Policy	Image: Telephone number 603 - 305 - 5346							

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.

	Bank of	f Am	eric	a I	Me	rril		yn	ch																		
Mailing Address		100	North	h Try	yon	Stre	et																				
		Cha	rlotte) 												N	С		l	282	255						
								CI	ΓY						S	TAT	Έ	▲				Z	IP (E 4	▲		
Name of Bank, I	Depository, e	etc.																									
Mailing Address																											
																			l								
								CI	ΓY						S	TAT	F	•				7	IP (F .	•		