

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ALNYLAM PHARMACEUTICALS, INC. PAC

ADDRESS (number and street)

675 West Kendall Street

Check if different  
than previously  
reported. (ACC)

Cambridge

MA

02142-1168

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00670331

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

01

2025

05

31

2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Parsons, Deirdre, , ,

Signature of Treasurer

Parsons, Deirdre, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

20

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

ALNYLAM PHARMACEUTICALS, INC. PACReport Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
05		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
05		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>59737.18</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>39627.10</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>17117.22</div></div>	<div><div></div><div>38007.14</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>56744.32</div></div>	<div><div></div><div>97744.32</div></div>
7. Total Disbursements (from Line 31) .....	<div><div></div><div>0.00</div></div>	<div><div></div><div>41000.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>56744.32</div></div>	<div><div></div><div>56744.32</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 01 2025

To:

M M / D D / Y Y Y Y Y  
05 31 2025**I. Receipts****COLUMN A**  
**Total This Period****COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16070.65

33224.22

(ii) Unitemized .....

1046.57

4782.92

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17117.22

38007.14

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

17117.22

38007.14

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

17117.22

38007.14

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

17117.22

38007.14

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	41000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	41000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17117.22	38007.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17117.22	38007.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Akinc, Christine, , ,**

Mailing Address 292 High St

City  
WestwoodState  
MAZip Code  
02090FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
General Manager, Givosiran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8322

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Akinc, Christine, , ,**

Mailing Address 292 High St

City  
WestwoodState  
MAZip Code  
02090FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
General Manager, Givosiran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8362

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Borodovsky, Anna, , ,**

Mailing Address 115 Walton Park

City  
MelroseState  
MAZip Code  
02176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Research, Biology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8318

Amount of Each Receipt this Period

20.83

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

229.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Borodovsky, Anna, , ,**

Mailing Address 115 Walton Park

City  
MelroseState  
MAZip Code  
02176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Research, Biology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8358

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bossone, Steven, , ,**

Mailing Address 91 Bacon Street

City  
WinchesterState  
MAZip Code  
01890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Intellectual Property Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8276

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bossone, Steven, , ,**

Mailing Address 91 Bacon Street

City  
WinchesterState  
MAZip Code  
01890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Intellectual Property Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

413.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8319

Amount of Each Receipt this Period

41.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

103.49

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bossone, Steven, , ,**

Mailing Address 91 Bacon Street

City  
WinchesterState  
MAZip Code  
01890FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Intellectual Property Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8359

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bullock, John, , ,**

Mailing Address 912 Keith Road

City  
RaleighState  
NCZip Code  
27587FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Vice President, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8305

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bullock, John, , ,**

Mailing Address 912 Keith Road

City  
RaleighState  
NCZip Code  
27587FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Vice President, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8347

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.33



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bullock, John, , ,**

Mailing Address 912 Keith Road

City  
RaleighState  
NCZip Code  
27587FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Vice President, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8394

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Duttagupta, Sandeep, , ,**

Mailing Address 455 Main Street #12N

City  
New YorkState  
NYZip Code  
10044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Global Market Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8296

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duttagupta, Sandeep, , ,**

Mailing Address 455 Main Street #12N

City  
New YorkState  
NYZip Code  
10044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Global Market Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

413.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8338

Amount of Each Receipt this Period

41.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Duttagupta, Sandeep, , ,**

Mailing Address 455 Main Street #12N

City  
New YorkState  
NYZip Code  
10044FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Global Market Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8382

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Egan, Lawrence, , ,**

Mailing Address 82 Front Street

City  
MarbleheadState  
MAZip Code  
01945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Strategic Technologies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8327

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Egan, Lawrence, , ,**

Mailing Address 82 Front Street

City  
MarbleheadState  
MAZip Code  
01945FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Strategic Technologies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8367

Amount of Each Receipt this Period

20.83

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fitzgerald, Kevin, , ,**

Mailing Address 19 Mason Terrace

City  
BrooklineState  
MAZip Code  
02446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
CSO & EVP, Research & Early Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8273

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fitzgerald, Kevin, , ,**

Mailing Address 19 Mason Terrace

City  
BrooklineState  
MAZip Code  
02446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
CSO & EVP, Research & Early Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8316

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fitzgerald, Kevin, , ,**

Mailing Address 19 Mason Terrace

City  
BrooklineState  
MAZip Code  
02446FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
CSO & EVP, Research & Early Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8356

Amount of Each Receipt this Period

104.16

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

312.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fuecker, Karen, , ,**

Mailing Address 15 86th St. NW

City  
RiceState  
MNZip Code  
56367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anylam Pharmaceuticals, Inc.Occupation (for Individual)  
Patient Education Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8286

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fuecker, Karen, , ,**

Mailing Address 15 86th St. NW

City  
RiceState  
MNZip Code  
56367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anylam Pharmaceuticals, Inc.Occupation (for Individual)  
Patient Education Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8328

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fuecker, Karen, , ,**

Mailing Address 15 86th St. NW

City  
RiceState  
MNZip Code  
56367FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anylam Pharmaceuticals, Inc.Occupation (for Individual)  
Patient Education Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8370

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garg, Pushkal, , ,**

Mailing Address 16 Elmore Street

City  
Newton

State  
MA

Zip Code  
02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

05 / 02 / 2025

Transaction ID : SA11AI.8278

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garg, Pushkal, , ,**

Mailing Address 16 Elmore Street

City  
Newton

State  
MA

Zip Code  
02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 16 / 2025

Transaction ID : SA11AI.8321

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garg, Pushkal, , ,**

Mailing Address 16 Elmore Street

City  
Newton

State  
MA

Zip Code  
02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

05 / 30 / 2025

Transaction ID : SA11AI.8361

Amount of Each Receipt this Period

208.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

624.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Greenstreet, Yvonne, , ,**

Mailing Address 116 West Mermaid Lane

City  
PhiladelphiaState  
PAZip Code  
19118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8283

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greenstreet, Yvonne, , ,**

Mailing Address 116 West Mermaid Lane

City  
PhiladelphiaState  
PAZip Code  
19118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8325

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greenstreet, Yvonne, , ,**

Mailing Address 116 West Mermaid Lane

City  
PhiladelphiaState  
PAZip Code  
19118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8365

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hesslein, Robert, , ,**

Mailing Address 10 Walnut Street  
Unit 2

City  
Boston

State  
MA

Zip Code  
02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

MM / DD / YYYY  
05 / 16 / 2025

Transaction ID : SA11AI.8351

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hesslein, Robert, , ,**

Mailing Address 10 Walnut Street  
Unit 2

City  
Boston

State  
MA

Zip Code  
02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

MM / DD / YYYY  
05 / 30 / 2025

Transaction ID : SA11AI.8399

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jadhav, Vasant, , ,**

Mailing Address 2 Rhodes Avenue

City  
Sharon

State  
MA

Zip Code  
02067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
SVP, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

371.97

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2025

Transaction ID : SA11AI.8277

Amount of Each Receipt this Period

41.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

457.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jadhav, Vasant, , ,**

Mailing Address 2 Rhodes Avenue

City  
SharonState  
MAZip Code  
02067FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8320

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jadhav, Vasant, , ,**

Mailing Address 2 Rhodes Avenue

City  
SharonState  
MAZip Code  
02067FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8360

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maines, Timothy, , ,**

Mailing Address 39 Bowdoin Street

City  
NewtonState  
MAZip Code  
02461FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP Global Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

371.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8284

Amount of Each Receipt this Period

41.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

123.99



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maines, Timothy, , ,**

Mailing Address 39 Bowdoin Street

City  
NewtonState  
MAZip Code  
02461FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP Global Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8326

Amount of Each Receipt this Period

413.30

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maines, Timothy, , ,**

Mailing Address 39 Bowdoin Street

City  
NewtonState  
MAZip Code  
02461FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP Global Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8366

Amount of Each Receipt this Period

1336.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McLaughlin, Melissa, , ,**

Mailing Address 2 Cranberry Lane

City  
DoverState  
MAZip Code  
02030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8310

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1585.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLaughlin, Melissa, , ,**

Mailing Address 2 Cranberry Lane

City  
DoverState  
MAZip Code  
02030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8355

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McLaughlin, Melissa, , ,**

Mailing Address 2 Cranberry Lane

City  
DoverState  
MAZip Code  
02030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8405

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Molinello, Mara, , ,**

Mailing Address 55 Jefferson Street #B

City  
NewtonState  
MAZip Code  
02458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)

SVP, Head of US Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

371.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8292

Amount of Each Receipt this Period

41.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

457.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Molinello, Mara, , ,**

Mailing Address 55 Jefferson Street #B

City  
Newton

State  
MA

Zip Code  
02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
SVP, Head of US Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.30

Date of Receipt

05 / 16 / 2025

Transaction ID : SA11AI.8334

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Molinello, Mara, , ,**

Mailing Address 55 Jefferson Street #B

City  
Newton

State  
MA

Zip Code  
02458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
SVP, Head of US Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.63

Date of Receipt

05 / 30 / 2025

Transaction ID : SA11AI.8378

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ng, Karbert, , ,**

Mailing Address 19 Perry Street, Apt. 2

City  
Brookline

State  
MA

Zip Code  
02445

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.30

Date of Receipt

05 / 16 / 2025

Transaction ID : SA11AI.8346

Amount of Each Receipt this Period

20.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

103.49

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ng, Karbert, , ,**

Mailing Address 19 Perry Street, Apt. 2

City  
BrooklineState  
MAZip Code  
02445FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8393

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Parsons, Deirdre, , ,**Mailing Address 2555 Pennsylvania Ave. NW  
Apt. 914City  
WashingtonState  
DCZip Code  
20037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Senior Director, Global Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8287

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Parsons, Deirdre, , ,**Mailing Address 2555 Pennsylvania Ave. NW  
Apt. 914City  
WashingtonState  
DCZip Code  
20037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Senior Director, Global Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8329

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.83

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parsons, Deirdre, , ,**Mailing Address 2555 Pennsylvania Ave. NW  
Apt. 914City  
WashingtonState  
DCZip Code  
20037FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Senior Director, Global Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11Al.8371

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Poulton, Jeffrey, , ,**

Mailing Address 4 Palmer Lane

City  
ActonState  
MAZip Code  
01720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11Al.8289

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Poulton, Jeffrey, , ,**

Mailing Address 4 Palmer Lane

City  
ActonState  
MAZip Code  
01720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11Al.8331

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

541.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poulton, Jeffrey, , ,**

Mailing Address 4 Palmer Lane

City  
ActonState  
MAZip Code  
01720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8375

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pyott, David, , ,**

Mailing Address 675 West Kendall Street

City  
CambridgeState  
MAZip Code  
02142FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2025

Transaction ID : SA11AI.8407

Amount of Each Receipt this Period

5000.00

☐ Memo Item

PAC Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reitan, Colleen, , ,**

Mailing Address PO Box 9293

City  
AvonState  
COZip Code  
81620FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2025

Transaction ID : SA11AI.8410

Amount of Each Receipt this Period

500.00

☐ Memo Item

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5708.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rhyne, Curtis, , ,**

Mailing Address 916 Dresden Court

City  
Alexandria

State  
VA

Zip Code  
22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.44

Date of Receipt

05 / 16 / 2025

Transaction ID : SA11AI.8353

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rhyne, Curtis, , ,**

Mailing Address 916 Dresden Court

City  
Alexandria

State  
VA

Zip Code  
22308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.60

Date of Receipt

05 / 30 / 2025

Transaction ID : SA11AI.8403

Amount of Each Receipt this Period

104.16

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Robbie, Gabriel, , ,**

Mailing Address 41 Fellsmere Road  
#2

City  
Newton

State  
MA

Zip Code  
02459

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.

Occupation (for Individual)  
SVP, Clinical Pharmacology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

371.97

Date of Receipt

05 / 02 / 2025

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period

41.33

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.65

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Robbie, Gabriel, , ,**Mailing Address 41 Fellsmere Road  
#2City  
NewtonState  
MAZip Code  
02459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Clinical Pharmacology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8323

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robbie, Gabriel, , ,**Mailing Address 41 Fellsmere Road  
#2City  
NewtonState  
MAZip Code  
02459FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Clinical Pharmacology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.63

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8363

Amount of Each Receipt this Period

41.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sankaranarayanan, Priya, , ,**

Mailing Address 3446 Goshen Road

City  
Newton SquareState  
PAZip Code  
19073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8300

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.66



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sankaranarayanan, Priya, , ,**

Mailing Address 3446 Goshen Road

City  
Newton SquareState  
PAZip Code  
19073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8342

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sankaranarayanan, Priya, , ,**

Mailing Address 3446 Goshen Road

City  
Newton SquareState  
PAZip Code  
19073FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
VP, Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8389

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Satterly, Krista, , ,**

Mailing Address 54 Osborne Hill Dr.

City  
SalemState  
MAZip Code  
01970FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Assoc. Dir., Internal Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

206.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8364

Amount of Each Receipt this Period

41.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Seth, Punit, P., ,**

Mailing Address 6773 Mallee Street

City  
CarlsbadState  
CAZip Code  
92011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Research, RNAi Discovery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8381

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sharma, Piyush, , ,**

Mailing Address 2735 High Ridge Road

City  
StamfordState  
CTZip Code  
06903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP, Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8388

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Soued, Mark, Robert, ,**

Mailing Address 19 Dutch Street, #55C

City  
New YorkState  
NYZip Code  
10038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP and Head of US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8293

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2570.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Soued, Mark, Robert, ,**

Mailing Address 19 Dutch Street, #55C

City  
New YorkState  
NYZip Code  
10038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP and Head of US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8335

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Soued, Mark, Robert, ,**

Mailing Address 19 Dutch Street, #55C

City  
New YorkState  
NYZip Code  
10038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
SVP and Head of US

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8379

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tangler, Tolga, , ,**

Mailing Address 144 Hersey Street

City  
South HinghamState  
MAZip Code  
02043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Commercial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2025

Transaction ID : SA11AI.8291

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

308.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 28  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ALNYLAM PHARMACEUTICALS, INC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tangler, Tolga, , ,**

Mailing Address 144 Hersey Street

City  
South HinghamState  
MAZip Code  
02043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Commercial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2025

Transaction ID : SA11AI.8333

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tangler, Tolga, , ,**

Mailing Address 144 Hersey Street

City  
South HinghamState  
MAZip Code  
02043FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alnylam Pharmaceuticals, Inc.Occupation (for Individual)  
Chief Commercial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2025

Transaction ID : SA11AI.8377

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

416.66

16070.65