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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. Genentech Inc. Political Action Committee 1 DNA Way ADDRESS (number and street) (Check if address is changed) So. San Francisco 94080 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS genenpac@gene.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2020 C00199257 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. Cohler, Amelia, , , Type or Print Name of Treasurer Cohler, Amelia, , , [Electronically Filed] 09 2020 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	raye z			
Can	didate	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.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	nmittee:	(5)			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 N committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	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	i aye u					
Genentech Inc. Political Action Committee						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Repi	recentative or Leadership DAC Spencer					
	eseritative, or Leadership FAC Sportsor					
Genentech Inc.						
1 DNA Way Mailing Address						
So. San Francisco	CA 94080					
CITY	STATE ZIP CODE					
Relationship: X Connected Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor					
 Custodian of Records: Identify by name, address (phone number optional) and positi books and records. 	ion of the person in possession of committee					
Gill, Ray, , ,						
Mailing Address 600 Massachusetts Avenue, NW						
Suite 300						
↓ Washington	DC 20001					
Title or Position CITY	STATE ZIP CODE					
Custodian	nber 202 - 572 - 3076					
 Treasurer: List the name and address (phone number optional) of the treasurer of the any designated agent (e.g., assistant treasurer). 	committee; and the name and address of					
Full Name Cohler, Amelia, , , of Treasurer						
Mailing Address 1 DNA Way						
So. San Francisco	CA 94080					
CITY Title or Position	STATE ZIP CODE					
Treasurer	aber 323 - 646 - 6877					

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Full Name of Designated Agent	Moghaddam, Pegah, , ,		
Mailing Address	1 DNA Way		
	2.2.5.	CA	04080
	So. San Francisco CITY	STATE	94080 ZIP CODE
Title or Position Assistant Treasu	rer 	e number 202	2 572 3076
Banks or Other safety deposit bo Name of Bank, D	Citibank	mmittee deposits fu	nds, holds accounts, rents
Mailing Address	One Penns Way		
	New Castle	DE	19720
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
		1 1 1	1 1 1

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig i artioipanti		
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
Roche Diagnostic	cs Corporation PAC (Roche DxPAC)		
Mailing Address	Roche		
Mailing Address	150 Clove Road, Suite 8, 8th Floor		
		NII.	07424
	Little Falls	NJ NJ	07424
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC S
	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). Joint Fundraising	a Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Spark Therapeutic	es, Inc. PAC (Spark PAC)		
		. 2727 Market Street		
	Mailing Address	3737 Market Street		
		Suite 1300		
		Philadelphia	PA PA	19104
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Te	elephone Number	
9.	Name of Bank,	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
9.	safety deposit boxes or mai	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
9.	Name of Bank,	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ies: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents