Image# 202201319486086231			_	PAGE 1/5
FEC FORM 1	STATEMEN ORGANIZ	-	Offic	e Use Only
1. NAME OF	(Check if name	Example: If typing, type	12FE4M5	-
COMMITTEE (in full)	is changed)	over the lines.	TTTTTTTT	
GRAIL, LLC PAC				1
ADDRESS (number and street)	1401 New York Avenue, NW			
(Check if address	Suite 701			
is changed)				_
	Washington			
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	rogerseb@ballardspah	r.com		
is changed)				
	Optional Second E-Mail Ad	dress		1
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 01 / 23				
3. FEC IDENTIFICATION N	UMBER ► C c	00754648		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and c	omplete.
		-		
Type or Print Name of Treasure	r Neville, Winston, , ,			
Signature of Treasurer	le, Winston, , ,	[Electronically Filed]	Date 01	28 / Y Y Y Y 2022
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 (Revised 06/2012)

01/31/2022 19 : 23

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FEC For	m 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE Committee:	
	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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliatio	on Office Senate President	State
		District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of		
Candidate		
Party Com	(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 cor	nnected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
		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 se 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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		
(n)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
		vo or more political
Comi	committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser FEC ID number	vo or more political
Com	committees/organizations, none of which is an authorized committee of a federal candidate. nittees Participating in Joint Fundraiser	vo or more political
Comi	committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser FEC ID number	vo or more political

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Write or Type Committee Name

GRAIL, LLC PAC

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

Mailing Address	1401 New York Avenue, NW	
	Suite 701	
	Washington	DC 20005
	CITY	STATE ZIP CODE
Relationship: x Connected	Organization Affiliated Committee Joint Fundraisin	ng 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.

Rogers, Er	nory, , ,
Full Name	
Mailing Address	1909 K Street, NW
	12th Floor
	Washington DC 20006
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number

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	Neville, Winston, , ,
Mailing Address	1525 O'Brien Drive
	Menlo Park CA 94025
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 503 313 2596

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Full Name of Designated Agent								ĺ																	1		
Mailing Address																											
		L																									
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								CIT	Y								ST	ATE				ZI	р С	COD	θE		
Title or Position																											
												Tele	eph	ione	e ni	uml	ber										

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 America	
Mailing Address	1801 K Street, NW	
	Washington	DC 20006
	CITY	STATE ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Updated Treasurer Name.

Form/Schedule: Transaction ID: