

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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
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NAME OF COMMITTEE (In Full)

**Genentech Inc. Political Action Committee**

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

**A. Nicholson, Melissa, K., ,**

Mailing Address 1347 Dickerson Bay Dr

City  
GallatinState  
TNZip Code  
37066-5510FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genentech, USAOccupation (for Individual)  
Sr Clinical Spl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : 2019080121323-262**

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

**B. Nicolucci, Angie, M., ,**

Mailing Address 707 E Kaler Dr

City  
PhoenixState  
AZZip Code  
85020-4151FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genentech, USAOccupation (for Individual)  
Sales Account Manager - Oncology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : 2019080121323-656**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Niedermeyer, Theodore, , ,**

Mailing Address 1028 W 19th Ave

City  
SpokaneState  
WAZip Code  
99203-1135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genentech, USAOccupation (for Individual)  
Sr Clinical Spl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2019

**Transaction ID : 2019080121323-750**

Amount of Each Receipt this Period

15.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

238.33

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