Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Spark Therapeutics, Inc. PAC (Spark PAC) 3737 Market Street ADDRESS (number and street) Suite 1300 (Check if address is changed) Philadelphia 19104 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Kathleen.Mcauliffe@sparktx.com (Check if address is changed) Optional Second E-Mail Address Liya.Huluka@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00662718 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. McAuliffe, Kate, , , Type or Print Name of Treasurer McAuliffe, Kate, , , [Electronically Filed] Date 05 19 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Comple	e the candidate information below.)
(b) This committee is an authorized committee, and is NOT a print information below.)	rincipal campaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House	State President District
(c) This committee supports/opposes only one candidate, and i	NOT an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) comm	(Democratic, ttee of the Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify con	nected organization on line 6.) Its connected organization is a
Corporation Corporation	w/o Capital Stock Labor Organization
Membership Organization Trade Associ	iation Cooperative
In addition, this committee is a Lobbyist/Registran	PAC.
(f) This committee supports/opposes more than one Federal ca committee. (i.e., nonconnected committee)	ndidate, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registran	PAC.
In addition, this committee is a Leadership PAC. (dentify sponsor on line 6.)
(g) This committee is an independent expenditure-only political	committee (Super PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
(h) This committee is a political committee with both contribution	and non-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registran	PAC.
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expectations committees/organizations, at least one of which is an author	·
(j) This committee collects contributions, pays fundraising experimental committees/organizations, none of which is an authorized committees.	·
Committees Participating in Joint Fundraiser	
1.	C
- 1	C

•	FEC Form 1 (Re	vised 02/2009)	Page 3
٧	Vrite or Type Committee	Name	
	Spark Ther	apeutics, Inc. PAC (Spark PAC)	
6.		cted Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
	Spark Therapeu	utics, Inc.	
	Mailing Address	3737 Market Street	
	-	Suite 1300	
		Philadelphia	19104
		CITY ▲ STATE	ZIP CODE ▲
	Polationahin: Y Con		
	Relationship: X Con	nnected Organization Affiliated Organization Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the pe	rson in possession of committee
	McA	Auliffe, Kate, , ,	
	Full Name		
	Mailing Address	401 9th Street NW	
	J	Suite 920	
		Washington	20004
			J
	Title or Position ▼	CITY ▲ STATE	ZIP CODE ▲
	Treasurer		202 834 8846
	Treasurer	Telephone number	202 - 834 - 8640
8.		ame and address (phone number optional) of the treasurer of the commi (e.g., assistant treasurer).	ttee; and the name and address of
	Full Name McA	Auliffe, Kate, , ,	
	of Treasurer		
	Mailing Address	401 9th Street NW	
		Suite 920	
		Washington DC	20004
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	SILL = STATE	Zii 000L =
	Treasurer	Telephone number	202 834 - 8846

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Full Name of Designated Agent	Allen, Jeremy, , ,		
Mailing Address	401 9th Street NW		
	Suite 920		
	Washington	DC 200	004
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position Assistant Treasur	er	Telephone number 202	- 0808
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which was or maintains funds.	n the committee deposits funds, h	nolds accounts, rents
Name of Bank, D	epository, etc.		
	EagleBank		
Mailing Address	7815 Woodmont Ave		
	Bethesda	MD 208	14
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

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

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5(g) d	or(h). Joint Fundraising	p Participant:		
	1.		FEC ID number C	
	2.		FEC ID number	
	3.		FEC ID number	
	4		FEC ID number	
6.	Name of Any Connected (Genentech Inc. PA	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leadership PAC S	Sponsor
	Mailing Address	1 DNA Way		
		San Francisco	CA 94080	
	Relationship:	CITY ▲	STATE ▲ ZIP CODE	A
	Connected	Organization	undraising Representative Leadership PA	AC Sponsor
8.	Performed Amend Identify			
	Designated Agent: Identity	by name, address (phone number - optional)		
	Full Name	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
	Full Name	by name, address (phone number – optional)		
	Full Name			
	Full Name	CITY	STATE A ZIP CODE A	
	Full Name Mailing Address	CITY A		
9.	Full Name Mailing Address TITLE OR POSITION	CITY Tele ies: List all banks or other depositories in which the	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY Tele ies: List all banks or other depositories in which the	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY Tele ies: List all banks or other depositories in which the	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY Tele ies: List all banks or other depositories in which the	STATE A ZIP CODE A	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY Tele ies: List all banks or other depositories in which the	STATE A ZIP CODE A	

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

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(g) or (h).	Joint Fundraising	Participant:		
1.		F	EC ID number	С
2.		F	EC ID number	C
3.		F	EC ID number	C
4.		F	EC ID number	C
		Organization, Affiliated Committee, Joint Fundraisin	g Representative	e, or Leadership PAC Sponsor
Ro	oche Diagnostics	s Corp. PAC		
	Mailing Address	150 Clove Road, Suite 8		
	ag / .aaeee			
		Little Falls	ı NJ ı	. 07424
1	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			draising Representa	
. Desigi	nated Agent: Identify	by name, address (phone number – optional)		
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu Ma	ull Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ull Name	CITY A	STATE A	ZIP CODE A
Fu Ma	ull Name	CITY A		ZIP CODE A
Fu Ma T 	ailing Address	CITY CITY Telepho es: List all banks or other depositories in which the other depositories is a superior depositories in the other depo	one Number	
Fu Ma	ailing Address TITLE OR POSITION s or Other Depositori	CITY CITY Telepho es: List all banks or other depositories in which the other depositories is a superior depositories in the other depo	one Number	
Fu Ma	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or main of Bank,	CITY CITY Telepho es: List all banks or other depositories in which the other depositories is a superior depositories in the other depo	one Number	
Fu Ma	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or main of Bank, sitory, etc.	CITY CITY Telepho es: List all banks or other depositories in which the other depositories is a superior depositories in the other depo	one Number	
Fu Ma	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or main of Bank, sitory, etc.	CITY CITY Telepho es: List all banks or other depositories in which the other depositories is a superior depositories in the other depo	one Number	