

**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

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

ADDRESS (number and street) ▼

2350 KERNER BLVD., SUITE 250

☐ Check if different than previously reported. (ACC)

SAN RAFAEL

CA

94901

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00543371

3. IS THIS  
REPORT☒NEW  
(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

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

in the  
State of

MA

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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 Jason D. Kaune

Signature of Treasurer

Jason D. Kaune

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
07 / 15 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	34087.83	34087.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34087.83	34087.83
7. Total Disbursements (from Line 31) .....	8269.43	8269.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25818.40	25818.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2013

To:

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2013

**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).....

33934.15

33934.15

(ii) Unitemized .....

153.68

153.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34087.83

34087.83

(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) .....

34087.83

34087.83

## 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))..... ▶

34087.83

34087.83

## 20. Total Federal Receipts

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

34087.83

34087.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	169.43	169.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	169.43	169.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8100.00	8100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	8269.43	8269.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8269.43	8269.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34087.83	34087.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34087.83	34087.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	169.43	169.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	169.43	169.43

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. DANIEL MAHER**

Mailing Address 410 TIMBERLINE CT

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

SENIOR VICE PRESIDENT, PRODUCT DEVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 08 / 2013

Transaction ID : INCA1

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. JEFF AJER**

Mailing Address 519 MESSIAN PLACE

City

Novato

State

CA

Zip Code

94949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

SENIOR VICE PRESIDENT, CHIEF COMMUN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 18 / 2013

Transaction ID : INCA2

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. PHILIP LO SCALZO**

Mailing Address 448 IGNACIO BLVD., #346

City

Novato

State

CA

Zip Code

94949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, CORPORATE COMPLIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 22 / 2013

Transaction ID : INCA3

Amount of Each Receipt this Period

1000.00

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

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

8000.00

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

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NAME OF COMMITTEE (In Full)

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

Full Name (Last, First, Middle Initial)

A. LISA BELL

Mailing Address 861 CORDILLERAS AVE

City State Zip Code  
 San Carlos CA 94070

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 29 2013

Transaction ID : INCA5

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ELAINE HERON

Mailing Address 6 STONEGATE ROAD

City State Zip Code  
 Portola Valley CA 94028

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

MEMBER, BOARD OF DIRECTORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 29 2013

Transaction ID : INCA7

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CHARLES O'NEIL

Mailing Address PO BOX 218

City State Zip Code  
 Vineburg CA 95487

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, PHARMACOLOGICAL SCI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 29 2013

Transaction ID : INCA6

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

<p>Full Name (Last, First, Middle Initial)  <b>A. DANIEL SPIEGELMAN</b></p> <p>Mailing Address 201 STANFORD AVE</p> <p>City State Zip Code  Palo Alto CA 94306</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  BIOMARIN EXECUTIVE VICE PRESIDENT, CHIEF FINAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1040.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 03 / 2013</p> <p><b>Transaction ID : INCA9</b></p> <p>Amount of Each Receipt this Period  40.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. EDUARDO VON PERVIEUX</b></p> <p>Mailing Address 8 BURRELL CT</p> <p>City State Zip Code  Tiburon CA 94920</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  BIOMARIN GROUP VICE PRESIDENT, CIO</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  600.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 03 / 2013</p> <p><b>Transaction ID : INCA8</b></p> <p>Amount of Each Receipt this Period  100.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. G. ERIC DAVIS</b></p> <p>Mailing Address 490 SONOMA MOUNTAIN RD</p> <p>City State Zip Code  Petaluma CA 94954</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  BIOMARIN EXECUTIVE VICE PRESIDENT AND CHIEF L</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  5000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 06 / 2013</p> <p><b>Transaction ID : INCA10</b></p> <p>Amount of Each Receipt this Period  5000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>5140.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. JACK REGAN**

Mailing Address 5666 ARBORETAM DR

City

Los Altos

State

CA

Zip Code

94024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, CONTRACT MANUFACTU

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 06 / 2013

Transaction ID : INCA11

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LUISA BIGORNIA**

Mailing Address 201 WALKER ROAD

City

Petaluma

State

CA

Zip Code

94952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, INTELLECTUAL PROPER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2013

Transaction ID : INCA12

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BRUNO GAGNON**

Mailing Address 1017 STANNAGE AVE

City

Albany

State

CA

Zip Code

94706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, CLINICAL OPERATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2013

Transaction ID : INCA15

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. DANIEL SPIEGELMAN</b></p> <p>Mailing Address 201 STANFORD AVE</p> <p>City Palo Alto State CA Zip Code 94306</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BIOMARIN Occupation EXECUTIVE VICE PRESIDENT, CHIEF FINAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1040.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 13 / 2013  <b>Transaction ID : INCA14</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. BRIAN MUELLER</b></p> <p>Mailing Address 22 OLIVE</p> <p>City Larkspur State CA Zip Code 94939</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BIOMARIN Occupation VICE PRESIDENT, CORPORATE CONTROLL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 14 / 2013  <b>Transaction ID : INCA16</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. ARTHUR BLUM</b></p> <p>Mailing Address 9 FAIRVIEW AVE</p> <p>City Corte Madera State CA Zip Code 94925</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer BIOMARIN Occupation VICE PRESIDENT, REGULATORY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 294.15</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  05 / 17 / 2013  <b>Transaction ID : INCA17</b></p> <p>Amount of Each Receipt this Period 58.83</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			2058.83	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

<b>A. EDUARDO VON PERVIEUX</b> Full Name (Last, First, Middle Initial) Mailing Address 8 BURRELL CT City Tiburon State CA Zip Code 94920 FEC ID number of contributing federal political committee. C Name of Employer BIOMARIN Occupation GROUP VICE PRESIDENT, CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2013 <b>Transaction ID : INCA18</b> Amount of Each Receipt this Period 100.00
<b>B. ROBERT BAFFI</b> Full Name (Last, First, Middle Initial) Mailing Address 5 LISA LANE City Moraga State CA Zip Code 94556 FEC ID number of contributing federal political committee. C Name of Employer BIOMARIN Occupation EXECUTIVE VICE PRESIDENT, TECHNICAL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2013 <b>Transaction ID : INCA19</b> Amount of Each Receipt this Period 5000.00
<b>C. BARRIE CARTER</b> Full Name (Last, First, Middle Initial) Mailing Address 1218 3RD AVE City Seattle State WA Zip Code 98109 FEC ID number of contributing federal political committee. C Name of Employer BIOMARIN Occupation VICE PRESIDENT, VECTOR BIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2013 <b>Transaction ID : INCA20</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			6100.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. ANDREW RAMELMEIER</b></p> <p>Mailing Address 3133 FRONTERA WAY, APT 215</p> <p>City State Zip Code Burlingame CA 94010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation BIOMARIN VICE PRESIDENT, MEETING AND FACILITIES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2013</p> <p><b>Transaction ID : INCA21</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. GORDON VE HAR</b></p> <p>Mailing Address 49 SANDERS RANCH ROAD</p> <p>City State Zip Code Moraga CA 94556</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation BIOMARIN VICE PRESIDENT, RESEARCH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2013</p> <p><b>Transaction ID : INCA22</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KENNETH HITCHNER</b></p> <p>Mailing Address 777 BUENA VISTA ST</p> <p>City State Zip Code Moss Beach CA 94038</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation BIOMARIN VICE PRESIDENT, DEVELOPMENT AND PROJECTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 28 / 2013</p> <p><b>Transaction ID : INCA23</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. ARTHUR BLUM**

Mailing Address 9 FAIRVIEW AVE

City

Corte Madera

State

CA

Zip Code

94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.15

Date of Receipt

05 / 31 / 2013

Transaction ID : INCA26

Amount of Each Receipt this Period

58.83

Full Name (Last, First, Middle Initial)

**B. EDUARDO VON PERVIEUX**

Mailing Address 8 BURRELL CT

City

Tiburon

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

GROUP VICE PRESIDENT, CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 31 / 2013

Transaction ID : INCA27

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JEAN JACQUES BIENAIME**

Mailing Address 2510 SKYFARM DR

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 03 / 2013

Transaction ID : INCA24

Amount of Each Receipt this Period

3000.00

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

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

3158.83

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

Full Name (Last, First, Middle Initial)

**A. ARTHUR BLUM**

Mailing Address 9 FAIRVIEW AVE

City State Zip Code  
 Corte Madera CA 94925

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 14 / 2013

Transaction ID : INCA31

Amount of Each Receipt this Period

58.83

Full Name (Last, First, Middle Initial)

**B. EDUARDO VON PERVIEUX**

Mailing Address 8 BURRELL CT

City State Zip Code  
 Tiburon CA 94920

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

GROUP VICE PRESIDENT, CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 14 / 2013

Transaction ID : INCA32

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. ARTHUR BLUM**

Mailing Address 9 FAIRVIEW AVE

City State Zip Code  
 Corte Madera CA 94925

FEC ID number of contributing federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

Transaction ID : INCA38

Amount of Each Receipt this Period

58.83

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

217.66

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

# **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 19  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

<p>Full Name (Last, First, Middle Initial) <b>A. EDUARDO VON PERVIEUX</b></p> <p>Mailing Address <b>8 BURRELL CT</b></p> <p>City State Zip Code <b>Tiburon CA 94920</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>BIOMARIN GROUP VICE PRESIDENT, CIO</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>600.00</b></p>			<p>Date of Receipt  <b>06 / 28 / 2013</b>  <b>Transaction ID : INCA39</b> </p> <p>Amount of Each Receipt this Period  <b>100.00</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ARTHUR BLUM</b></p> <p>Mailing Address <b>9 FAIRVIEW AVE</b></p> <p>City State Zip Code <b>Corte Madera CA 94925</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>BIOMARIN VICE PRESIDENT, REGULATORY</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>294.15</b></p>			<p>Date of Receipt  <b>07 / 12 / 2013</b>  <b>Transaction ID : INCA41</b> </p> <p>Amount of Each Receipt this Period  <b>58.83</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. EDUARDO VON PERVIEUX</b></p> <p>Mailing Address <b>8 BURRELL CT</b></p> <p>City State Zip Code <b>Tiburon CA 94920</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>BIOMARIN GROUP VICE PRESIDENT, CIO</b></p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>600.00</b></p>			<p>Date of Receipt  <b>07 / 12 / 2013</b>  <b>Transaction ID : INCA42</b> </p> <p>Amount of Each Receipt this Period  <b>100.00</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>258.83</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><b>33934.15</b></p>	

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF MARIN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2013

Mailing Address 504 TAMALPAIS DRIVE

City	State	Zip Code
Corte Madera	CA	94925

**Transaction ID : EXPB4**Purpose of Disbursement  
BANK FEE

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

169.43

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

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

169.43

169.43



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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2013

Mailing Address P.O. BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

**Transaction ID : EXPB13**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**BRETT GUTHRIE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 02

Full Name (Last, First, Middle Initial)

**B. GABRIEL GOMEZ FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

Mailing Address 138 CONTANT STREET

City	State	Zip Code
Beverly	MA	01915

**Transaction ID : EXPB28**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**GABRIEL GOMEZ**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Special General

State: MA District:

Full Name (Last, First, Middle Initial)

**C. THE MARKEY COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2013

Mailing Address PO BOX 526

City	State	Zip Code
Medford	MA	02155

**Transaction ID : EXPB29**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2600.00
---------

Candidate Name

**EDWARD MARKEY**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Special General

State: MA District:

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

3600.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. JIM GERLACH FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2013

Mailing Address P.O. BOX 87

City	State	Zip Code
UWCHLAND	PA	19480

**Transaction ID : EXPB33**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**JIM GERLACH**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

**B. MARSHA BLACKBURN FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2013

Mailing Address P.O. BOX 3750

City	State	Zip Code
BRENTWOOD	TX	37024

**Transaction ID : EXPB35**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**MARSHA BLACKBURN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

**C. MATHESON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2013

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

**Transaction ID : EXPB34**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**JAMES D. MATHESON**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: UT District: 04

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

3500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC**

Full Name (Last, First, Middle Initial)

**A. ROGERS FOR CONGRESS**

Mailing Address P.O. BOX 581

City	State	Zip Code
BRIGHTON	MI	48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**MICHAEL J. ROGERS**
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2013

**Transaction ID : EXPB36**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

8100.00