

# 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

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2014

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 Hilary Gibson

Signature of Treasurer

Hilary Gibson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 18 2014

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 02 / 01 / 2014 To: M M / D D / Y Y Y Y 02 / 28 / 2014

	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</span> 2014		<span style="border: 1px solid black; padding: 2px;">14385.29</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">12462.13</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">16789.02</span>	<span style="border: 1px solid black; padding: 2px;">16865.86</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">29251.15</span>	<span style="border: 1px solid black; padding: 2px;">31251.15</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>	<span style="border: 1px solid black; padding: 2px;">5000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">26251.15</span>	<span style="border: 1px solid black; padding: 2px;">26251.15</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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	/	D D	/	Y Y Y Y
02	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

**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).....

16460.00

16460.00

(ii) Unitemized .....

329.02

405.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

16789.02

16865.86

(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) ..... ▶

16789.02

16865.86

## 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))..... ▶

16789.02

16865.86

## 20. Total Federal Receipts

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

16789.02

16865.86

# **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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	5000.00
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)) ..	3000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	5000.00

**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) .....	16789.02	16865.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16789.02	16865.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BRIAN MUELLER**

Mailing Address 22 OLIVE

City State Zip Code  
Larkspur CA 94939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, CORPORATE CONTROLL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

Transaction ID : INCA91

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. LUISA BIGORNIA**

Mailing Address 201 WALKER ROAD

City State Zip Code  
Petaluma CA 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  
02 / 19 / 2014

Transaction ID : INCA94

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DANIEL MAHER**

Mailing Address 410 TIMBERLINE CT

City State Zip Code  
Pleasant Hill CA 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

M M / D D / Y Y Y Y Y  
02 / 20 / 2014

Transaction ID : INCA95

Amount of Each Receipt this Period

5000.00

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

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

7250.00

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

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

 FOR LINE NUMBER: PAGE 7 OF 10  
 (check only one)

<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)

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

Full Name (Last, First, Middle Initial)

A. CHARLES O'NEILL

Mailing Address PO BOX 170

City

Vineburg

State

CA

Zip Code

95487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, PHARMACOLOGICAL SCI

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	4

Transaction ID : INCA96

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	4

Transaction ID : INCA97

Amount of Each Receipt this Period

230.00

Full Name (Last, First, Middle Initial)

C. G. ERIC DAVIS

Mailing Address 490 SONOMA MOUNTAIN RD

City

Petaluma

State

CA

Zip Code

94954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

EXECUTIVE VICE PRESIDENT AND CHIEF L

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	4

Transaction ID : INCA100

Amount of Each Receipt this Period

230.00

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

1460.00

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 8 OF 10  
(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**

Full Name (Last, First, Middle Initial)

## **A. JEFF AJER**

Mailing Address 519 MESSIAN PLACE

City State Zip Code  
 DANVILLE CA 94526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

EXECUTIVE VICE PRESIDENT, CHIEF COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 24 2014

**Transaction ID : INCA108**

Amount of Each Receipt this Period

3500.00

Full Name (Last, First, Middle Initial)

## **B. BARRIE CARTER**

Mailing Address 1218 3RD AVE

City State Zip Code  
 Seattle WA 98109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, VECTOR BIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 24 2014

**Transaction ID : INCA109**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. KENNETH HITCHNER**

Mailing Address 777 BUENA VISTA ST

City State Zip Code  
 Moss Beach CA 94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, DEVELOPMENT AND PRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 24 2014

**Transaction ID : INCA111**

Amount of Each Receipt this Period

250.00

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

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

5250.00



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

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

FOR LINE NUMBER: PAGE 9 OF 10

(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

Full Name (Last, First, Middle Initial)

**A. JACK REGAN**

Mailing Address 5666 ARBORETUM DR

City State Zip Code  
 Los Altos CA 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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 24 2014

Transaction ID : INCA110

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. GORDON VEHAR**

Mailing Address 49 SANDERS RANCH ROAD

City State Zip Code  
 Moraga CA 94556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BIOMARIN

Occupation

VICE PRESIDENT, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 25 2014

Transaction ID : INCA112

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

2500.00

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

16460.00

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

PAGE 10 OF 10

<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. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS	State FL	Zip Code 34688
------------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**GUS BILIRAKIS**

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

State: FL District: 12

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

**Transaction ID : EXPB89**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA	State CA	Zip Code 93290
-----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**DEVIN G. NUNES**

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

State: CA District: 22

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : EXPB93**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MICHAEL BURGESS FOR CONGRESS**

Mailing Address PO BOX 2334

City DENTON	State TX	Zip Code 76202
----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**MICHAEL C. BURGESS**

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

State: TX District: 26

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

**Transaction ID : EXPB92**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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3000.00
---------