FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) 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 address is changed)

SAN RAFAEL   CA   94901 -

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

sscally@nmgovlaw.com

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE   04 / 04 / 2013

3. FEC IDENTIFICATION NUMBER   C

4. 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.

Type or Print Name of Treasurer   Jason D. Kaune

Signature of Treasurer _____   Date 04 / 04 / 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. **TYPE OF COMMITTEE**

   ### Candidate Committee:

   (a) ☐ 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. (Complete the candidate information below.)

   Name of Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

   Candidate Party Affiliation [____]   Office Sought: ☐ House   ☐ Senate   ☐ President   State [____]   District [____]

   (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

   Name of Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

   ### Party Committee:

   (d) ☐ This committee is a [____] (National, State or subordinate) committee of the [____] (Democratic, Republican, etc.) Party.

   ### Political Action Committee (PAC):

   (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

   ☒ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

   ☐ Membership Organization   ☐ Trade Association   ☐ 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 segregated fund or party committee. (i.e., nonconnected committee)

   ☐ In addition, this committee is a Lobbyist/Registrant PAC.

   ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

   ### Joint Fundraising Representative:

   (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

   (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

   Committees Participating in Joint Fundraiser

   1. | | | | | | | | | | | | | | | | | | | | | | | | | | | FEC ID number C [____]

   2. | | | | | | | | | | | | | | | | | | | | | | | | | | | FEC ID number C [____]

   3. | | | | | | | | | | | | | | | | | | | | | | | | | | | FEC ID number C [____]

   4. | | | | | | | | | | | | | | | | | | | | | | | | | | | FEC ID number C [____]

Write or Type Committee Name

BIOMARIN PHARMACEUTICAL INC. POLITICAL ACTION COMMITTEE AKA BIOMARIN PAC

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

BIOMARIN PHARMACEUTICAL INC.

Mailing Address   770 LINDARO ST.

SAN RAFAEL   CA   94901   -

            CITY   STATE   ZIP CODE

Relationship: [X] Connected Organization   [ ] Affiliated Committee   [ ] Joint Fundraising 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.

Full Name   JASON D. KAUNE

Mailing Address 2350 KERNER BLVD., SUITE 250

                 SAN RAFAEL   CA   94901   -

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   JASON D. KAUNE
of Treasurer

Mailing Address 2350 KERNER BLVD., SUITE 250

                 SAN RAFAEL   CA   94901   -

                         CITY   STATE   ZIP CODE

Title or Position
Treasurer   Telephone number   415 - 389 - 6800

Full Name of
Designated
Agent | HILARY GIBSON

Mailing Address | 2350 KERNER BLVD., SUITE 250

                             | SAN RAFAEL | CA | | 94901 | - |
                                        CITY   STATE   ZIP CODE

Title or Position
| Assistant Treasurer   Telephone number | 415 | - | 389 | - | 6800 |

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 MARIN

Mailing Address | 504 TAMALPAIS DRIVE

                             | CORTE MADERA | CA | | 94925 | - |
                                        CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

                                        CITY   STATE   ZIP CODE

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Federal Election Commission
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Amp

PREPARER

4/5/13

DATE PREPARED

(3/2005)