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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) SHIRE VIROPHARMA INCORPORATED POLITICAL ACTION COMMITTEE (VIROPAC) 1001 Connecticut Avenue, NW ADDRESS (number and street) Suite 925 (Check if address is changed) Washington 20036 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mklesher@wms-jen.com (Check if address is changed) Optional Second E-Mail Address ijaygreissing@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00542225 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. John Greissing Type or Print Name of Treasurer John Greissing [Electronically Filed] 04 13 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2				
	COMMITTEE e 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. (Con information below.)	nplete the candidate				
Name of Candidate						
Candidate Party Affilia	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co	nmittee: (National, State	(Democratic,				
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.				
Political A	Action Committee (PAC):					
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a				
	X 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 s committee. (i.e., nonconnected committee)	egregated fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.					
Con	Committees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4						

ı	FEC Form 1 (Revised (02/2009)			Page 3
W	/rite or Type Committee Name	<u>,</u>			-
5	SHIRE VIROPHARI	MA INCORPORATED POI	LITICAL ACTIO	ON COMMIT	TEE (VIROPAC)
6.		Organization, Affiliated Committee, Jo			<u> </u>
S	HIRE VIROPHARMA	INCORPORATED			
_					
	Mailing Address	300 Shire Way			
	Š	Lexington		MA 02421	
		CITY		STATE	ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising F	Representative	Leadership PAC Sponsor
	Custodian of Records: Identification books and records.	ntify by name, address (phone number	optional) and positio	n of the person in p	possession of committee
	John Greis	ssing			1
	Full Name	1001 Connecticut Ave., NW, #925			
	Mailing Address				
		Washington		DC 20036	
	Title or Position	CITY	Ş	STATE	ZIP CODE
	Treasurer		Telephone numb	ber 202 -	969 - 3364
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o assistant treasurer).	of the treasurer of the o	committee; and the	name and address of
	Full Name John Greis of Treasurer	sing			
	Mailing Address	1001 Connecticut Ave., NW, #925			
		Washington		DC 20036	
_	Title or Position Treasurer	CITY	Telephone numb	STATE per 202 - [ZIP CODE 969 - 3364
4					

I LC I OII	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
· ·		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
	Depository, etc. Citibank 1717 K St NW	
Name of Bank, I	Depository, etc. Citibank 1717 K St NW Washington DC 20036	
Name of Bank, I	Citibank 1717 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, I	Citibank 1717 K St NW Washington CITY STATE	
Name of Bank, I	Citibank 1717 K St NW Washington CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Citibank 1717 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Citibank 1717 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Citibank 1717 K St NW Washington CITY STATE Depository, etc.	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Shire Holdings US AG Political Action Committee 1001 Connecticut Avenue, NW Mailing Address Suite 925 DC 20036 Washington **CITY** STATE 4 ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number