FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069403 3 COMMITTEE NAME **OFFICE USE ONLY** Prime Therapeutics LLC Employee State PAC Date Received **ELECTRONICALLY FILED** 07/14/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2900 Ames Crossing Road Date Hand-delivered or Date Postmarked Change of Address Eagan, MN 55121 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Kolar STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2900 Ames Crossing Road STREET **ADDRESS** (Residence or Business) Eagan, MN 55121-1204 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2900 Ames Crossing Road MAILING **ADDRESS** Eagan, MN 55121-1204 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (612) 777-5647 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Prime Therapeutics	s LLC Employee State PAC	;	00069403				
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)	application, classify by party.)	B. Opposed					
report if flecessary.)							
	Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
1E CONTRIBUTION		DOLITICAL CONTRIBUTIONS (OTUED TUAN)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICA (OTHER THAN PLE	\$	10,637.90				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	700.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	31,340.50			
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00			
16 AFFIDAVIT	•		•				
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.					
		Mr. Mich	nael Kolar				
		Signature of Car		er			
AFFIX NOT	TARY STAMP / SEAL ABOVE						
Sworn to and subsc	ribed before me, by the said _	, tł	nis the	day			
		which, witness my hand and seal of office.					
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath			
Signature of Offic	or administering batti	Times have or other administering out	THE OF OTHER	or administering batti			

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 89			
17 COMMITT Prime The	EE NAME erapeutics LLC Employee State PAC	18 Filer ID 00069403	(Ethics Commission Filers)			
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10,637.90			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$			
5.	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
9.	SCHEDULE E: LOANS	\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 700.00			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,200.00			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/83 Rpt: 4/89	
2	FILER NAME Prime Thera	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 03/31/2023	Full name of contributor Bartosh, Sandra Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
8	Legal Assista			Employer (See Instructions Prime Therapeutics	<u> </u> ;)		
	Date 04/14/2023	Full name of contributor Bartosh, Sandra Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions ant)	Employer (See Instructions Prime Therapeutics	s)		
	Date 04/28/2023	Full name of contributor Bartosh, Sandra Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Legal Assista	pation / Job title (See Instructions ant)	Employer (See Instructions Prime Therapeutics	5)		
Date 05/12/2023		Full name of contributor Bartosh, Sandra Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 05/26/2023	Full name of contributor Bartosh, Sandra Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions ant)	Employer (See Instructions Prime Therapeutics	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/83 Rpt: 5/89	
2	FILER NAME Prime Thera	peutics LLC Employee State P	AC		3	Filer ID (Ethics Commission 00069403	Filers)
4		5 Full name of contributor	out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	
-	06/09/2023	Bartosh, Sandra 6 Contributor address; City; Sta				, and an extended (4)	\$5.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Legal Assista	ant 		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Bartosh, Sandra Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Legal Assista	ant		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Abou Nader, Jo-Ellen Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	AVP, Fraud	Waste & Abuse (FWA) Operati	ions	Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Abou Nader, Jo-Ellen Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP, Fraud	Waste & Abuse (FWA) Operati	ions	Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Abou Nader, Jo-Ellen Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)		
	AVP, Fraud	Waste & Abuse (FWA) Operati	ions	Prime Therapeutics			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 3/83 Rpt: 6/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC	<u> </u>		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 02/17/2023	5 Full name of contributor Abou Nader, Jo-Ellen6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
_	Delegale al acces	Eagan, MN 55121	To.	Faralas a (Caralas tratas atiana			
8		pation / Job title (See Instructions) Waste & Abuse (FWA) Operation		Employer (See Instructions Prime Therapeutics)		
	Date 03/03/2023	Full name of contributor Abou Nader, Jo-Ellen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) Waste & Abuse (FWA) Operation	s	Employer (See Instructions Prime Therapeutics)		
	Date 01/06/2023	Full name of contributor Baumgard, Terry Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) te Development & Treasury		Employer (See Instructions Prime Therapeutics)		
	Date 01/20/2023	Full name of contributor Baumgard, Terry Contributor address; City; State; Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) te Development & Treasury		Employer (See Instructions Prime Therapeutics)		
	Date 02/03/2023	Full name of contributor Baumgard, Terry Contributor address; City; State; Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) te Development & Treasury		Employer (See Instructions Prime Therapeutics)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/83 Rpt: 7/89	
2	FILER NAME Prime Thera	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 02/17/2023	5 Full name of contributor Baumgard, Terry6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal sass	Eagan, MN 55121	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. Franksian (Cook batusations	<u></u>		
8		pation / Job title (See Instructions te Development & Treasury)	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor Baumgard, Terry Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
		Prime Therapeutics					
	Date 03/17/2023	Full name of contributor Baumgard, Terry Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions te Development & Treasury)	Employer (See Instructions Prime Therapeutics	<u> </u> 		
		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Baumgard, Terry Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/83 Rpt: 8/89	
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 04/28/2023	5 Full name of contributor Baumgard, Terry6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_	Dringing con	Eagan, MN 55121	\ \ \ \ \	D. Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) te Development & Treasury)	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 05/12/2023	Full name of contributor Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
<u> </u>		Prime Therapeutics					
	Date 05/26/2023	Full name of contributor Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions te Development & Treasury)	Employer (See Instructions Prime Therapeutics	<u>(</u>		
	Date 06/09/2023	Full name of contributor Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions))	Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/83 Rpt: 9/89	
2	FILER NAME Prime Thera	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 01/06/2023	5 Full name of contributor Bent, Christine6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$62.50
8	Principal occu Chief Operat)	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 01/20/2023	Full name of contributor Bent, Christine Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$62.50
	Principal occu Chief Operat	Eagan, MN 55121 pation / Job title (See Instructions ting Officer)	Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 02/03/2023	Full name of contributor Bent, Christine Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$62.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Chief Operat		,	Prime Therapeutics	,		
	Date 02/17/2023	Full name of contributor Bent, Christine Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$62.50
	Principal occu Chief Operat	pation / Job title (See Instructions ting Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor Bent, Christine Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
	Principal occu Chief Operat	pation / Job title (See Instructions ting Officer)	Employer (See Instructions Prime Therapeutics	5)		

	MONEI	ARY POLITICAL CONTRIBI	UHON	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/83 Rpt: 10/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4		 Full name of contributor out-of-state PA Bent, Christine Contributor address; City; State; Zip Code 	AC (ID#:		7	Amount of Contribution (\$)	\$62.50
8		Eagan, MN 55121 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> 5)		
	Date 02/03/2023	Full name of contributor out-of-state PA Berry, Caitlin Contributor address; City; State; Zip Code	AC (ID#:	Prime Therapeutics		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121 pation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 02/17/2023	Full name of contributor out-of-state PA Berry, Caitlin Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
Policy Advisor, State Government Affairs Date Full name of contributor out-of-state PAC (ID#: 03/03/2023 Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121		AC (ID#:	Prime Therapeutics		Amount of Contribution (\$)	\$25.00	
	•	pation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/17/2023	Full name of contributor out-of-state PA Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	5)		
			I				

	MONEI	ARY POLITICAL CONTR	IBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 8/83 Rpt: 11/89	
2	FILER NAME	noutice LLC Employee State BAC			3	Filer ID (Ethics Commission	r Filers)
		peutics LLC Employee State PAC				00069403	
4	Date 03/31/2023	Berry, Caitlin	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor out-of-sta Berry, Caitlin Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor out-of-sta Berry, Caitlin Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor out-of-state Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor out-of-state Berry, Caitlin Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
			ı				

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/83 Rpt: 12/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State PA	AC 			00069403	
4	Date 06/09/2023	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Berry, Caitlin Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Advisor, State Government Affairs		Prime Therapeutics				
	Date 01/06/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Principal, Go	overnment Affairs		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/83 Rpt: 13/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 02/17/2023	5 Full name of contributor out-of-state PAC (ID#: Cantor-Weinberg, Julie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	Dein sing Language	Eagan, MN 55121	In Frankrick (October 1981)	Ĺ		
8		pation / Job title (See Instructions) overnment Affairs	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121	T = 1 (0 1 1 1	Ĺ		
	Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#: Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$10.00
	Dringing aggr	Eagan, MN 55121	Employer (Coo Instructions	_		
		pation / Job title (See Instructions) overnment Affairs	Employer (See Instructions Prime Therapeutics	')		
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) overnment Affairs	Employer (See Instructions Prime Therapeutics	i)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID#: Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	()		
	Principal, Go	overnment Affairs	Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/83 Rpt: 14/89	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Prime Thera	peutics LLC Employee State F	PAC			00069403	
4	Date 04/28/2023	5 Full name of contributor Cantor-Weinberg, Julie6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121			Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Cantor-Weinberg, Julie Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Principal, Go	overnment Affairs		Prime Therapeutics			
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/83 Rpt: 15/89	
2	FILER NAME Prime Thera	peutics LLC Employee State P	AC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 01/06/2023	Full name of contributor Carlson, Dale Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	g	Employer (See Instructions	s)		
	VP, Clinical	Programs		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Carlson, Dale Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121	i		_		
	Principal occu VP, Clinical	pation / Job title (See Instructions) Programs		Employer (See Instructions Prime Therapeutics	5)		
			7	· · · · · · · · · · · · · · · · · · ·	<u> </u>	A (O)	
	Date 02/03/2023	Full name of contributor Carlson, Dale Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	VP, Clinical	Programs		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Carlson, Dale Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu VP, Clinical	pation / Job title (See Instructions) Programs		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor Carlson, Dale Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu VP, Clinical	pation / Job title (See Instructions) Programs		Employer (See Instructions Prime Therapeutics	5)		
			·				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/83 Rpt: 16/89	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		peutics LLC Employee State F				00069403	
4	Date 03/17/2023	5 Full name of contributor Carlson, Dale6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Clinical I	Programs		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Carlson, Dale Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121	, 1		<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Clinical I	Programs 		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Carlson, Dale Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	VP, Clinical I	Programs		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Dessner, Alicia Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP, ASSISTA	ant General Counsel		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Dessner, Alicia Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP, Assista	ant General Counsel		Prime Therapeutics			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/83 Rpt: 17/89	
2	FILER NAME Prime Thera	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 02/03/2023	5 Full name of contributorDessner, Alicia6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8		pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 02/17/2023	Full name of contributor Dessner, Alicia Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:ate; Zip Code	Prime Therapeutics		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ant General Counsel)	Employer (See Instructions Prime Therapeutics	<u>l</u> S)		
	Date 03/03/2023	Full name of contributor Dessner, Alicia Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121	, T	5 1 (2 1 1 1	<u></u>		
		pation / Job title (See Instructions ant General Counsel)	Employer (See Instructions Prime Therapeutics	5)		
	Date 03/17/2023	Full name of contributor Dessner, Alicia Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ant General Counsel)	Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 03/31/2023	Full name of contributor Dessner, Alicia Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions ant General Counsel)	Employer (See Instructions Prime Therapeutics	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/83 Rpt: 18/89	
2	FILER NAME Prime Thera	peutics LLC Employee State	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 04/14/2023	5 Full name of contributorDessner, Alicia6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions	s)	Employer (See Instructions	 ;)		
	AVP, Assista	ant General Counsel		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Dessner, Alicia Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions ant General Counsel	s)	Employer (See Instructions Prime Therapeutics	5)		
	Date	Full name of contributor		- Time merapeutics		Amount of Contribution (\$)	
	05/12/2023	Dessner, Alicia Contributor address; City; Si	out-of-state PAC (ID#:	,		Amount of Contribution (4)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions ant General Counsel	s)	Employer (See Instructions Prime Therapeutics	5)		
	Date 05/26/2023	Full name of contributor Dessner, Alicia Contributor address; City; Si Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions ant General Counsel	s)	Employer (See Instructions Prime Therapeutics	5)		
	Date 06/09/2023	Full name of contributor Dessner, Alicia Contributor address; City; Si Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	AVP, Assista	ant General Counsel		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 16/83 Rpt: 19/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State P				00069403	
4	Date 06/23/2023	5 Full name of contributorDessner, Alicia6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	AVP, Assista	ant General Counsel		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Feigal, Erin Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$62.50
	5	Eagan, MN 55121		5 1 (0 1 1 1	<u></u>		
	VP Human F	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Human F	Resources		Prime Therapeutics	_		
	Date 01/20/2023	Full name of contributor Feigal, Erin Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	VP Human F			Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Feigal, Erin Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Human F	Resources		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Feigal, Erin Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP Human F	Resources		Prime Therapeutics			

2 F 4 D	FILER NAME Prime Therap Date	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1:	
4 D	Prime Therap Date				Sch: 17/83 Rpt: 20/89	
4 D	Date	peutics LLC Employee State PAC		1	Filer ID (Ethics Commission 00069403	r Filers)
	03/03/2023	 5 Full name of contributor out-of-state PAC (ID Feigal, Erin 6 Contributor address; City; State; Zip Code 		₩	Amount of Contribution (\$)	\$62.50
<u>•</u>	Oringinal aggre	Eagan, MN 55121	Employer (See Instructions			
	/P Human R	pation / Job title (See Instructions) Resources	9 Employer (See Instructions Prime Therapeutics	S)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (IE Feigal, Erin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
	Principal occur	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	/P Human R		Prime Therapeutics	3)		
	Date 03/31/2023	Full name of contributor out-of-state PAC (IE Feigal, Erin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121				
	Principal occu P Human R	pation / Job title (See Instructions) Resources	Employer (See Instructions Prime Therapeutics	s)		
	Date 04/14/2023	Full name of contributor)		Amount of Contribution (\$)	\$62.50
	Duimaimal assu	Eagan, MN 55121	Faralousy (Coo la structions			
	/P Human R	pation / Job title (See Instructions) Resources	Employer (See Instructions Prime Therapeutics	S)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (IDF Feigal, Erin Contributor address; City; State; Zip Code Eagan, MN 55121	#:)		Amount of Contribution (\$)	\$62.50
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	/P Human R	Resources	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 18/83 Rpt: 21/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 05/12/2023	 Full name of contributor out-of-state PAC Feigal, Erin Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$62.50
Ω	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>-,</u>		
0	VP Human F		Prime Therapeutics	>)		
	Date 05/26/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	VP Human F		Prime Therapeutics	•		
	Date 06/09/2023	Full name of contributor out-of-state PAC Feigal, Erin Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121				
	Principal occu VP Human F	pation / Job title (See Instructions) Resources	Employer (See Instructions Prime Therapeutics	5)		
	Date 06/23/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$62.50
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>-,</u>		
	VP Human F	,	Prime Therapeutics	٥)		
	Date 01/06/2023	Full name of contributor out-of-state PAC Garcia, Jr., Johnny Contributor address; City; State; Zip Code Saint Paul, MN 55121	(ID#:)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Government	Affairs Principal	Prime Therapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/83 Rpt: 22/89	
2	FILER NAME				3	•	n Filers)
		peutics LLC Employee State	PAC		L	00069403	
4	Date 01/20/2023	5 Full name of contributor Garcia, Jr., Johnny6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 03/17/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St Saint Paul, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Principal		Prime Therapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/83 Rpt: 23/89	
2	FILER NAME				3	•	Filers)
		peutics LLC Employee State	_		L	00069403	
4	Date 03/31/2023	5 Full name of contributor Garcia, Jr., Johnny6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>		
	Government	Affairs Principal		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121	<u>, , , , , , , , , , , , , , , , , , , </u>				
		pation / Job title (See Instructions	(i)	Employer (See Instructions	s)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Government	Affairs Principal		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Garcia, Jr., Johnny Contributor address; City; St Saint Paul, MN 55121	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Graham, James Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	VP, Applicat	ion Development & Support		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/83 Rpt: 24/89	
2	FILER NAME	mantias II O Francisco a Chata D	4.0		3	Filer ID (Ethics Commission	Filers)
_		peutics LLC Employee State P			L	00069403	
4	Date 01/20/2023	5 Full name of contributorGraham, James6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	VP, Applicat	ion Development & Support		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Graham, James Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicat	ion Development & Support		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Graham, James Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
		ion Development & Support		Prime Therapeutics	•		
	Date 03/03/2023	Full name of contributor Graham, James Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicat	ion Development & Support		Prime Therapeutics			
	Date 03/17/2023	Full name of contributor Graham, James Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicat	ion Development & Support		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/83 Rpt: 25/89	
2	FILER NAME	nouties III C Employee State F	NA.C		3	Filer ID (Ethics Commission	Filers)
_		peutics LLC Employee State F			L	00069403	
4	Date 03/31/2023	5 Full name of contributor Graham, James6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions)	·	9 Employer (See Instructions	5)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Graham, James Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Graham, James Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
	•	ion Development & Support		Prime Therapeutics	,		
	Date 05/12/2023	Full name of contributor Graham, James Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor Graham, James Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			

	MONEI	ARY POLITICAL CO	NIRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 23/83 Rpt: 26/89	
2	FILER NAME	peutics LLC Employee State PA	<u> </u>		3	Filer ID (Ethics Commission 00069403	Filers)
_		• • •	_		_		
4	Date 06/09/2023	5 Full name of contributorGraham, James6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	1-				
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Graham, James Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Applicati	ion Development & Support		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Heidtke, John Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	AVP, PBM C	,		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Heidtke, John Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$12.50
	Principal occu AVP, PBM C	pation / Job title (See Instructions) Operations		Employer (See Instructions Prime Therapeutics)		
	Date 02/03/2023	Full name of contributor Heidtke, John Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	AVP, PBM C	perations		Prime Therapeutics			
			•				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 24/83 Rpt: 27/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 02/17/2023	5 Full name of contributor out-of-state PAC (ID Heidtke, John 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$12.50
_	Dringing Logg	Eagan, MN 55121	6 Employer/Coo Instructions	<u></u>		
8	AVP, PBM C	pation / Job title (See Instructions) Operations	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID Heidtke, John Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$12.50
	Dringing aggr	Eagan, MN 55121	Employer (See Instructions	<u>''</u>		
	AVP, PBM C	pation / Job title (See Instructions) Operations	Prime Therapeutics	s)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID Heidtke, John Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121				
	Principal occu AVP, PBM C	pation / Job title (See Instructions) Operations	Employer (See Instructions Prime Therapeutics	s)		
	Date 03/31/2023	Full name of contributor out-of-state PAC (IE Heidtke, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121	1 - 1 (0 1	<u></u>		
	AVP, PBM C	pation / Job title (See Instructions) Operations	Employer (See Instructions Prime Therapeutics	S)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (IE Heidtke, John Contributor address; City; State; Zip Code Eagan, MN 55121) #:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions) Derations	Employer (See Instructions Prime Therapeutics	5)		
		·	<u> </u>			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 25/83 Rpt: 28/89	
2	FILER NAME	peutics LLC Employee State F	PAC.		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
•	04/28/2023	Heidtke, John 6 Contributor address; City; Sta				Tuniount of Contabation (4)	\$12.50
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	AVP, PBM C	perations		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Heidtke, John Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP, PBM C)perations 		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor Heidtke, John Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	AVP, PBM C	perations		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Heidtke, John Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP, PBM C	perations		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Heidtke, John Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)		
	AVP, PBM C	perations		Prime Therapeutics			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/83 Rpt: 29/89	
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 01/06/2023	5 Full name of contributor Henshaw, Jarrod6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
•	Dringinal acqu	Eagan, MN 55121 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	·/-		
0	Senior Vice I		,	Prime Therapeutics	o)		
	Date 01/20/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121			L		
	Principal occu Senior Vice I	pation / Job title (See Instructions President)	Employer (See Instructions Prime Therapeutics	5)		
	Date 02/03/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu Senior Vice I	pation / Job title (See Instructions President)	Employer (See Instructions Prime Therapeutics	s)		
	Date 02/17/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Senior Vice I	pation / Job title (See Instructions President		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Senior Vice I	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics	5)		
	Schlor vice	Tosiuciii		Time merupeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 27/83 Rpt: 30/89	
2	FILER NAME	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
_					_		
4	Date 03/17/2023	5 Full name of contributor Henshaw, Jarrod6 Contributor address; City; St	out-of-state PAC (ID#:)	′	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions) [9	Employer (See Instructions	5)		
	Senior Vice I	President		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Vice I	President		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Senior Vice I		′	Prime Therapeutics	,		
	Date 04/28/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St. Eagan, MN 55121	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Senior Vice I	pation / Job title (See Instructions President)	Employer (See Instructions Prime Therapeutics	5)		
	Date 05/12/2023	Full name of contributor Henshaw, Jarrod Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Senior Vice I	President		Prime Therapeutics			
			•				

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 28/83 Rpt: 31/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 05/26/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Dein sin al a a su	Eagan, MN 55121	lo Fundame (Octobritània	<u> </u>		
8	Senior Vice	pation / Job title (See Instructions) President	9 Employer (See Instructions Prime Therapeutics	S)		
	Date 06/09/2023	Full name of contributor out-of-state PAC Henshaw, Jarrod Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121		Ĺ		
	Senior Vice	pation / Job title (See Instructions) President	Employer (See Instructions Prime Therapeutics	S)		
	Date 06/23/2023	Full name of contributor out-of-state PAC Henshaw, Jarrod Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00
	Dringing Loggy	Eagan, MN 55121 spation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Senior Vice	,	Employer (See Instructions Prime Therapeutics	5)		
	Date 01/06/2023	Full name of contributor out-of-state PAC Hogan, Nadine Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121				
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator	Employer (See Instructions Prime Therapeutics	s)		
	Date 01/20/2023	Full name of contributor out-of-state PAC Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sr. Legal Ad	ministrator	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	UTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 29/83 Rpt: 32/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 02/03/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2.50
_		Eagan, MN 55121	1	Ĺ		
8	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator	9 Employer (See Instruction Prime Therapeutics	s)		
	Date 02/17/2023	Full name of contributor out-of-state PA Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Sr. Legal Ad	ministrator	Prime Therapeutics			
	Date 03/03/2023	Full name of contributor out-of-state PA Hogan, Nadine Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121				
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator	Employer (See Instruction Prime Therapeutics	s)		
	Date 03/17/2023	Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	<u> </u> s)		
	Sr. Legal Ad	,	Prime Therapeutics	٠,		
	Date 03/31/2023	Full name of contributor out-of-state PA Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)		Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Sr. Legal Ad	ministrator	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 30/83 Rpt: 33/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 04/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2.50
_		Eagan, MN 55121		Ĺ		
8	Sr. Legal Ad	pation / Job title (See Instructions) ministrator	9 Employer (See Instructions Prime Therapeutics	s)		
	Date 04/28/2023	Full name of contributor out-of-state PAG Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Sr. Legal Ad	ministrator	Prime Therapeutics			
	Date 05/12/2023	Full name of contributor out-of-state PAG Hogan, Nadine Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121				
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator	Employer (See Instructions Prime Therapeutics	s)		
	Date 05/26/2023	Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Sr. Legal Ad	,	Prime Therapeutics	٠,		
	Date 06/09/2023	Full name of contributor out-of-state PAG Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sr. Legal Ad	ministrator	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 31/83 Rpt: 34/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 06/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$2.50
_		Eagan, MN 55121	1	Ĺ		
8	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator	9 Employer (See Instructions Prime Therapeutics	s)		
	Date 01/06/2023	Full name of contributor out-of-state PAG Johnson, Charles Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Managing C	ounsel	Prime Therapeutics			
	Date 01/20/2023	Full name of contributor out-of-state PAC Johnson, Charles Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121				
	Principal occu Managing C	pation / Job title (See Instructions) ounsel	Employer (See Instructions Prime Therapeutics	5)		
	Date 02/03/2023	Full name of contributor out-of-state PAG Johnson, Charles Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Dain sin al acces	Eagan, MN 55121	Formula var (Cara la atro-atica)	<u> </u>		
	Managing Co	pation / Job title (See Instructions) ounsel	Employer (See Instructions Prime Therapeutics	5)		
	Date 02/17/2023	Full name of contributor out-of-state PAG Johnson, Charles Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Managing C	ounsel	Prime Therapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 32/83 Rpt: 35/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State I	PAC			00069403	
4	Date 03/03/2023	5 Full name of contributorJohnson, Charles6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121					
8		pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapouties	5)		
	Managing Co			Prime Therapeutics	_		
	Date 03/17/2023	Full name of contributor Johnson, Charles Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Managing Co	ounsel ————————————————————————————————————		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Johnson, Charles Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>		
	Managing Co		,	Prime Therapeutics	,		
	Date 04/14/2023	Full name of contributor Johnson, Charles Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Managing Co	ounsel		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Johnson, Charles Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	Managing Co	ounsel		Prime Therapeutics			

				SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 33/83 Rpt: 36/89
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4		 5 Full name of contributor		7 Amount of Contribution (\$) \$10.0
_		Eagan, MN 55121		
8	Principal occup Managing Co	pation / Job title (See Instructions) ounsel	9 Employer (See Instructions) Prime Therapeutics)
	Date 05/26/2023	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$10.0
	Principal occur	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions))
	Managing Co		Prime Therapeutics	,
	Date 06/09/2023	Full name of contributor out-of-state PAC (IE Johnson, Charles Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$10.0
		Eagan, MN 55121		
	Principal occup Managing Co	pation / Job title (See Instructions) punsel	Employer (See Instructions) Prime Therapeutics	
	Date 06/23/2023	Full name of contributor out-of-state PAC (IE Johnson, Charles Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$10.0
	Deinsteal	Eagan, MN 55121	Forming (Continue)	
	Managing Co	pation / Job title (See Instructions) ounsel	Employer (See Instructions) Prime Therapeutics)
	Date 01/06/2023	Full name of contributor out-of-state PAC (IE Johnson, Steven Contributor address; City; State; Zip Code Eagan, MN 55121	D#:)	Amount of Contribution (\$) \$15.0
		pation / Job title (See Instructions)	Employer (See Instructions))
	Assistant Vic	e President, Health Outcomes	Prime Therapeutics	

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to co	omplete this for	n.	1	Total pages Schedule A1: Sch: 34/83 Rpt: 37/89		
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)	
4	Date 01/20/2023	 5 Full name of contributor ou Johnson, Steven 6 Contributor address; City; State; Zip 	t-of-state PAC (ID#: o Code)	7	Amount of Contribution (\$)	\$15.00	
_	Dringing con	Eagan, MN 55121	lo.	Employer (Coo Instructions				
0		pation / Job title (See Instructions) ce President, Health Outcomes	9	Employer (See Instructions Prime Therapeutics)			
	Date 02/03/2023		t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00	
		Eagan, MN 55121						
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics)			
				Prime Therapeutics				
	Date 02/17/2023	Full name of contributor ou Johnson, Steven Contributor address; City; State; Zi	t-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$15.00	
		Eagan, MN 55121						
		pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics)			
	Date 03/03/2023	Full name of contributor ou Johnson, Steven Contributor address; City; State; Zij Eagan, MN 55121	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions)			
		ce President, Health Outcomes		Prime Therapeutics				
	Date 03/17/2023	Full name of contributor ou Johnson, Steven Contributor address; City; State; Zil Eagan, MN 55121	t-of-state PAC (ID#: o Code			Amount of Contribution (\$)	\$15.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions)			
	Assistant Vic	ce President, Health Outcomes		Prime Therapeutics				

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 35/83 Rpt: 38/89		
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)	
4	Date 03/31/2023	· · · · · · · · · · · · · · · · · · ·	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00	
_	Deignalana	Eagan, MN 55121	10	Frankrijer (Cookrations	<u>, </u>			
8		pation / Job title (See Instructions) ce President, Health Outcomes	9	Employer (See Instructions Prime Therapeutics	5)			
	Date 04/14/2023		of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
		Eagan, MN 55121						
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
		ce President, Health Outcomes		Prime Therapeutics	_			
	Date 04/28/2023	Full name of contributor out- Johnson, Steven Contributor address; City; State; Zip	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$15.00	
		Eagan, MN 55121						
		pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)			
	Date 05/12/2023	Full name of contributor out- Johnson, Steven Contributor address; City; State; Zip Eagan, MN 55121	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)			
	Date 05/26/2023		of-state PAC (ID#:	·)		Amount of Contribution (\$)	\$15.00	
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Assistant Vic	ce President, Health Outcomes		Prime Therapeutics				

MONE	ETARY POLITICAL CONTRIBUTI	SCHEDULE A1			
The Inst	ruction Guide explains how to complete this	s form.		s Schedule A1: 3 Rpt: 39/89	
2 FILER NAM	ME erapeutics LLC Employee State PAC		3 Filer ID (I 00069403	Ethics Commission	n Filers)
4 Date 06/09/202	5 Full name of contributor ut-of-state PAC (IDa		7 Amount of	Contribution (\$)	\$15.00
	Eagan, MN 55121	10 5 1 (0 1 1 1			
•	ccupation / Job title (See Instructions) Vice President, Health Outcomes	9 Employer (See Instructions Prime Therapeutics	5)		
Date 06/23/202		#:)	Amount of	Contribution (\$)	\$15.00
	Eagan, MN 55121				
•	ccupation / Job title (See Instructions) Vice President, Health Outcomes	Employer (See Instructions Prime Therapeutics	3)		
Date 01/06/202	Full name of contributor out-of-state PAC (ID: Kolar, Michael Contributor address; City; State; Zip Code	#:)	Amount of	Contribution (\$)	\$96.15
	Eagan, MN 55121				
•	ccupation / Job title (See Instructions) neral Counsel	Employer (See Instructions Prime Therapeutics	s)		
Date 01/20/202		#:)	Amount of	Contribution (\$)	\$96.15
	Eagan, MN 55121	- -			
•	ccupation / Job title (See Instructions) neral Counsel	Employer (See Instructions Prime Therapeutics	5)		
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of	Contribution (\$)	\$96.15
02/03/202	Contributor address; City; State; Zip Code Eagan, MN 55121				

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AL: Sch: 37/83 Rpt. 40/89 2 FILER NAME Prime Therapeutics LLC Employee State PAC 4 Date 02/17/2023 5 Full name of contribution		MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
Prime Therapeutics LLC Employee State PAC 4 Date 5 Full name of contributor out-of-state PAC (ID#		The Instru	ction Guide explains how to complete t	this form.	1			
Date S Full name of contributor out-of-state PAC (ID# T Amount of Contribution (\$)			peutics LLC Employee State PAC		3		n Filers)	
Principal occupation / Job title (See Instructions) SVP, General Counsel Prime Therapeutics Prime Therapeutics Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Prime Therapeutics Date SVP, General Counsel Principal occupation / Job title (See Instructions) SVP, General Counsel Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$) SVP, General Counsel Date Full name of contributor out-of-state PAC (ID#) Prime Therapeutics Prime Therapeutics Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions) Prime Therapeutics Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions) Prime Therapeutics Date Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Employer (See Instructions) Prime Therapeutics Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	4 [Date	5 Full name of contributor out-of-state PAC Kolar, Michael		7		\$96.15	
Date Full name of contribution out-of-state PAC (IDIF:	0 1	Deinsinal assu		Continue (Continue tions				
Contributor address; City; State; Zip Code					S)			
Principal occupation / Job title (See Instructions) SVP, General Counsel Date			Kolar, Michael Contributor address; City; State; Zip Code	· ·		Amount of Contribution (\$)	\$96.15	
Date Full name of contributor out-of-state PAC (ID#:		Principal occu		Employer (See Instructions	<u> </u> s)			
Contributor address; City; State; Zip Code								
Principal occupation / Job title (See Instructions) SVP, General Counsel Date O3/31/2023 Full name of contributor out-of-state PAC (ID#: Ontributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) SVP, General Counsel Prime Therapeutics Amount of Contribution (\$) Employer (See Instructions) Prime Therapeutics Prime Therapeutics Amount of Contribution (\$) Amount of Contribution (\$) Employer (See Instructions) Prime Therapeutics Amount of Contribution (\$) Contributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Prime Therapeutics Amount of Contribution (\$)			Kolar, Michael	C (ID#:)		Amount of Contribution (\$)	\$96.15	
SVP, General Counsel Date O3/31/2023 Full name of contributor out-of-state PAC (ID#:			Eagan, MN 55121					
O3/31/2023 Kolar, Michael Contributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) SVP, General Counsel Date O4/14/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Contributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) Employer (See Instructions)					s)			
Principal occupation / Job title (See Instructions) SVP, General Counsel Date O4/14/2023 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Contributor address; City; State; Zip Code Employer (See Instructions)			Kolar, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$96.15	
SVP, General Counsel Date Full name of contributor out-of-state PAC (ID#:		Principal occu		Employer (See Instructions	 s)			
04/14/2023 Kolar, Michael Contributor address; City; State; Zip Code Eagan, MN 55121 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	,		-,			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Kolar, Michael Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$96.15	
SVP, General Counsel Prime Therapeutics			pation / Job title (See Instructions)		s)			
		ovr, Genera	ai Courisei	Filme merapeutics				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				E A1
	The Instru	ction Guide explains how to complete th	iis form.	1	Total pages Schedule A1: Sch: 38/83 Rpt: 41/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 04/28/2023	5 Full name of contributor out-of-state PAC (Kolar, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$96.15
_		Eagan, MN 55121		_		
8	SVP, Genera	pation / Job title (See Instructions) al Counsel	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 05/12/2023	Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$96.15
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	SVP, Genera	al Counsel	Prime Therapeutics			
	Date 05/26/2023	Full name of contributor out-of-state PAC (Kolar, Michael Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121				
	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel	Employer (See Instructions Prime Therapeutics	s)		
	Date 06/09/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$96.15
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> -		
	SVP, Genera	,	Prime Therapeutics	-,		
	Date 06/23/2023	Full name of contributor out-of-state PAC (Kolar, Michael Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$96.15
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	SVP, Genera	al Counsel	Prime Therapeutics			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 39/83 Rpt: 42/89	
2	FILER NAME	a suting III O Family as a Chata I	240		3	`	Filers)
_		peutics LLC Employee State F			L	00069403	
4	Date 01/06/2023	5 Full name of contributor Kracke, Melanie6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Kracke, Melanie Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Kracke, Melanie Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Kracke, Melanie Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Kracke, Melanie Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 40/83 Rpt: 43/89	
2	FILER NAME	noutice I.I.C. Employee State F	14.6		3	`	Filers)
		peutics LLC Employee State F				00069403	
4	Date 03/17/2023	5 Full name of contributor Kracke, Melanie6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
		narmacy Network Pricing		Prime Therapeutics	•		
	Date 04/28/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		narmacy Network Pricing		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 41/83 Rpt: 44/89	
2	FILER NAME				3	•	Filers)
		peutics LLC Employee State P	_		L	00069403	
4	Date 05/26/2023	5 Full name of contributor Kracke, Melanie6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
		narmacy Network Pricing		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Krueger, Linsey Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Krueger, Linsey Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
			•				

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 42/83 Rpt: 45/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State			L	00069403	
4	Date 02/03/2023	5 Full name of contributor Krueger, Linsey6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_	Deimainal	Eagan, MN 55121	, I	O Familia var (Can Instructiona			
8		pation / Job title (See Instructions overnment Services	5)	9 Employer (See Instructions Prime Therapeutics	5)		
	Manager, Go			Phille Therapeutics	_		
	Date 02/17/2023	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		overnment Services	,	Prime Therapeutics	,		
	Date 03/17/2023	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:tate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 43/83 Rpt: 46/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State	PAC			00069403	
4	Date 04/14/2023	5 Full name of contributor Krueger, Linsey6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	,				
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		vernment Services	,	Prime Therapeutics	•		
	Date 05/26/2023	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 44/83 Rpt: 47/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State PAC				00069403	
4	Date 06/23/2023	 Full name of contributor uut-of-st wrueger, Linsey Contributor address; City; State; Zip Cod 	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
Ω	Drincinal occu	Eagan, MN 55121 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
0		overnment Services	٩	Prime Therapeutics)		
	Date 01/06/2023		ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Vic	e President, Client Engagement		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor out-of-st Kueneman, Kamie Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		e President, Client Engagement		Prime Therapeutics	,		
	Date 02/03/2023	Full name of contributor out-of-st Kueneman, Kamie Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Vic	e President, Client Engagement		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor out-of-st Kueneman, Kamie Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Vic	e President, Client Engagement		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIB		SCHEDULE A			
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 45/83 Rpt: 48/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 03/03/2023	 5 Full name of contributor out-of-state PA Kueneman, Kamie 6 Contributor address; City; State; Zip Code 	AC (ID#:		7	Amount of Contribution (\$)	\$25.00
_	Dringing aggr	Eagan, MN 55121	lo.	Employer (See Instructions	<u></u>		
8		pation / Job title (See Instructions) re President, Client Engagement	l ⁹	Employer (See Instructions Prime Therapeutics	5)		
	Date 03/17/2023	Full name of contributor out-of-state PA Kueneman, Kamie Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	s)		
	Date 03/31/2023	Full name of contributor out-of-state PA Kueneman, Kamie Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121	_				
		pation / Job title (See Instructions) se President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PA Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)		Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 04/28/2023	Full name of contributor out-of-state PA Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional VIC	e President, Client Engagement	L	Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete tl	his fo	rm.	1	Total pages Schedule A1: Sch: 46/83 Rpt: 49/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 05/12/2023			7	Amount of Contribution (\$)	\$25.00	
_	Deinsinal			. Faralassa (Oas Isratus tiisas	<u></u>		
8		pation / Job title (See Instructions) ee President, Client Engagement	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 05/26/2023	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$25.00
	Deinsinal	Eagan, MN 55121		Faralassa (One brother)	<u></u>		
		pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 06/09/2023	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	s)		
	Date 06/23/2023	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) e President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 01/06/2023	Full name of contributor out-of-state PAC McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions) ector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	5)		
	. togionai Dii	ostor, modicale Chort menagement		· ····································			

	MONEI	ARY POLITICAL CONTRI		SCHEDULE A			
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 47/83 Rpt: 50/89	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		peutics LLC Employee State PAC			L	00069403	
4	Date 01/20/2023	 5 Full name of contributor uut-of-state out-of-state	e PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_	Drive in a Leasure	Eagan, MN 55121	lo.	Fredrick (October 1987)			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor out-of-state McIntosh, Shereese Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> ;)		
		ector, Medicaid Client Management		Prime Therapeutics	,		
	Date 03/03/2023	Full name of contributor out-of-state McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 03/17/2023	Full name of contributor out-of-state McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTR		E A1			
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 48/83 Rpt: 51/89	
2	FILER NAME	, , , , , , , , , , , , , , , , , , ,			3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State PAC				00069403	
4	Date 03/31/2023	5 Full name of contributor ☐ out-of-standard	ate PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_		Eagan, MN 55121	- Ia				
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor out-of-standard out-o	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor out-of-stand McIntosh, Shereese Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor out-of-standard out-o	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics			

	MONEI	ARY POLITICAL CON		E A1			
	The Instru	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 49/83 Rpt: 52/89	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State PAC				00069403	
4	Date 06/09/2023	 Full name of contributor	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$12.50
Ω	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	la.	Employer (See Instructions			
0		ector, Medicaid Client Managemen		Prime Therapeutics)		
	Date 06/23/2023	Full name of contributor ou	Iut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Regional Dir	ector, Medicaid Client Managemen		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor on the object of contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	•	: Affairs Principal		Prime Therapeutics	,		
	Date 01/20/2023	Full name of contributor ou Mendez Harper, LuGina Contributor address; City; State; Zi Eagan, MN 55121	p Code			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Government	Affairs Principal		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor on the one of contributor on the one of contributor on the one of contributor address; City; State; Zive of the contributor address; City; State; Zive of contributor address; City; State; Zive of contributor address; City; State; Zive of contributor on the contributor of contributor on the contributor of contributor on the contributor of c	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Government	Affairs Principal		Prime Therapeutics			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 50/83 Rpt: 53/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 02/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
Ü		: Affairs Principal	Prime Therapeutics	"		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code	<i>t</i> :)		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121	- -			
		pation / Job title (See Instructions) : Affairs Principal	Employer (See Instructions Prime Therapeutics	s)		
	Date	Full name of contributor out-of-state PAC (ID#	·	Г	Amount of Contribution (\$)	
	03/17/2023	Mendez Harper, LuGina Contributor address; City; State; Zip Code			y anount of Contabation (c)	\$50.00
		Eagan, MN 55121				
		pation / Job title (See Instructions) : Affairs Principal	Employer (See Instructions Prime Therapeutics	5)		
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121	_			
		pation / Job title (See Instructions) : Affairs Principal	Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code Eagan, MN 55121	±)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Principal	Prime Therapeutics			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 51/83 Rpt: 54/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 04/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Eagan, MN 55121 upation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
Ü		Affairs Principal	Prime Therapeutics	,		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code	±:)		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121				
		ipation / Job title (See Instructions) t Affairs Principal	Employer (See Instructions Prime Therapeutics	s)		
	Date	Full name of contributor out-of-state PAC (ID#			Amount of Contribution (\$)	
	05/26/2023	Mendez Harper, LuGina Contributor address; City; State; Zip Code			Turodit or oshidibador (c)	\$50.00
		Eagan, MN 55121				
		ipation / Job title (See Instructions) t Affairs Principal	Employer (See Instructions Prime Therapeutics	5)		
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121	-			
	•	pation / Job title (See Instructions) t Affairs Principal	Employer (See Instructions Prime Therapeutics	5)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code Eagan, MN 55121	<u>*)</u>		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	: Affairs Principal	Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 52/83 Rpt: 55/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 01/06/2023	 Full name of contributor	<u> </u>)	7	Amount of Contribution (\$)	\$5.00
0	Dringing aggu	Eagan, MN 55121	٦,	Employer (See Instructions	<u></u>		
ð		pation / Job title (See Instructions) cords & Information Management (RIM)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 01/20/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121	_				
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	s)		
	Date 02/03/2023	Full name of contributor	:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	s)		
	Date 02/17/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121	t:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		cords & Information Management (RIM)		Prime Therapeutics	_		
	Date 03/03/2023	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director, Rec	cords & Information Management (RIM)		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBUTI		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 53/83 Rpt: 56/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 03/17/2023	5 Full name of contributor out-of-state PAC (ID# Neumann, Kurt 6 Contributor address; City; State; Zip Code	:)	7	Amount of Contribution (\$)	\$5.00
	Dringing Cook	Eagan, MN 55121	٦,	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions) cords & Information Management (RIM)	l ⁹	Employer (See Instructions Prime Therapeutics	5)		
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	s)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121	t:)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director, Red	cords & Information Management (RIM)		Prime Therapeutics	_		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID# Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121	:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director, Rec	cords & Information Management (RIM)		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBU		SCHEDULE			
	The Instruc	ction Guide explains how to complete th	nis fo	rm.	1	Total pages Schedule A1: Sch: 54/83 Rpt: 57/89	
2	FILER NAME	Total Li C Francisco Chata DAC			3	•	Filers)
_		peutics LLC Employee State PAC			L	00069403	
4	Date 05/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Driverine	Eagan, MN 55121	- 10	Frankrian (Cool la struction			
ŏ		pation / Job title (See Instructions) cords & Information Management (RIM)	l ⁹	Employer (See Instructions Prime Therapeutics	5)		
					_		
	Date 06/09/2023	Full name of contributor out-of-state PAC (Neumann, Kurt Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Director, Red	cords & Information Management (RIM)		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor out-of-state PAC (Neumann, Kurt Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> S)		
		cords & Information Management (RIM)		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor out-of-state PAC (Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:		•	Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 55/83 Rpt: 58/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121				
8	Principal occu Paralegal Sr	pation / Job title (See Instructions) .	9 Employer (See Instructions Prime Therapeutics)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121				
	Principal occu Paralegal Sr	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121				
	Principal occu Paralegal Sr	pation / Job title (See Instructions) .	Employer (See Instructions Prime Therapeutics)		
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Eagan, MN 55121 Ipation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics)		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/83 Rpt: 59/89	
2	FILER NAME	peutics LLC Employee State	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
_			_		 		
4	Date 03/31/2023	5 Full name of contributor Palmisano, Anthony6 Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$95.00
Ω	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions	a I	Employer (See Instructions			
0		pation / 300 title (See Instructions ate General Counsel MRx)	Prime Therapeutics	>)		
	SVP ASSUCIA	tie General Counsel WRX		Prime merapeutics	_		
	Date 04/14/2023	Full name of contributor Palmisano, Anthony Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	SVP Associa	ate General Counsel MRx		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Palmisano, Anthony Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>-</u>		
	SVP Associa	ate General Counsel MRx		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Palmisano, Anthony Contributor address; City; Si Eagan, MN 55121	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$95.00
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	SVP Associa	ate General Counsel MRx		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor Palmisano, Anthony Contributor address; City; Si Eagan, MN 55121	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$95.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
		ate General Counsel MRx		Prime Therapeutics			

	MONEI	ARY POLITICAL (SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 57/83 Rpt: 60/89	
2	FILER NAME	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
•	06/09/2023	Palmisano, Anthony 6 Contributor address; City; Si				y unduit or contribution (¢)	\$95.00
		Eagan, MN 55121	ato, zip code				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>. </u>		
	SVP Associa	ate General Counsel MRx		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	06/23/2023	Palmisano, Anthony				(.,	\$95.00
		Contributor address; City; St	ate: 7in Code		ł		
		Contributor dudress, Oity, Oi	atc, 21p code				
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	SVP Associa	ate General Counsel MRx		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	01/06/2023	Paulus, Kenneth	_ ` _			`,	\$96.15
		Contributor address; City; St	ate: Zip Code		ł		
			,р				
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President an	d Chief Executive Officer		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/20/2023	Paulus, Kenneth	_				\$96.15
		Contributor address; City; St	ate; Zip Code		1		
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President an	d Chief Executive Officer		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/03/2023	Paulus, Kenneth	_				\$96.15
		Contributor address; City; St	ate; Zip Code		1		
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President an	d Chief Executive Officer		Prime Therapeutics			
			'				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 58/83 Rpt: 61/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 02/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$96.15
_	Deire in all a con-	Eagan, MN 55121	To Frankrick (Construction			
8	•	pation / Job title (See Instructions) nd Chief Executive Officer	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) nd Chief Executive Officer	Employer (See Instructions Prime Therapeutics	s)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$96.15
	Dringing aggr	Eagan, MN 55121	Employer (See Instructions	<u></u>		
		pation / Job title (See Instructions) nd Chief Executive Officer	Employer (See Instructions Prime Therapeutics	s)		
	Date 03/31/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) and Chief Executive Officer	Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code Eagan, MN 55121	· :)		Amount of Contribution (\$)	\$96.15
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President an	nd Chief Executive Officer	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 59/83 Rpt: 62/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 04/28/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$96.15
•	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>''</u>		
0	•	nd Chief Executive Officer	Prime Therapeutics	o)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) nd Chief Executive Officer	Employer (See Instructions Prime Therapeutics	s)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$96.15
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>		
		nd Chief Executive Officer	Prime Therapeutics	-,		
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) ad Chief Executive Officer	Employer (See Instructions Prime Therapeutics	s)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID# Paulus, Kenneth Contributor address; City; State; Zip Code Eagan, MN 55121	:)	•	Amount of Contribution (\$)	\$96.15
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President an	nd Chief Executive Officer	Prime Therapeutics			

	MONEI	HETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how t	o complete this for	rm.	1	Total pages Schedule A1: Sch: 60/83 Rpt: 63/89	
2	FILER NAME				3	•	Filers)
		peutics LLC Employee State PA				00069403	
4	Date 01/06/2023	Full name of contributor Renze, Mark Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP, Financia	al Planning & Analysis		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Renze, Mark Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	VP, Financia	al Planning & Analysis		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Renze, Mark Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		al Planning & Analysis		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Renze, Mark Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Financia	al Planning & Analysis		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Renze, Mark Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	VP, Financia	al Planning & Analysis		Prime Therapeutics			

	MONEI	IETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 61/83 Rpt: 64/89	
2	FILER NAME	peutics LLC Employee State P.	۸۲		3	Filer ID (Ethics Commission 00069403	Filers)
_					L		
4	Date 03/17/2023	5 Full name of contributor [Renze, Mark 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	VP, Financia	ıl Planning & Analysis		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor [Renze, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Financia	ll Planning & Analysis		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor [Renze, Mark Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
		l Planning & Analysis		Prime Therapeutics	•		
	Date 04/28/2023	Full name of contributor Renze, Mark Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Financia	ll Planning & Analysis		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Renze, Mark Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Financia	ıl Planning & Analysis		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 62/83 Rpt: 65/89	
	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 05/26/2023	5 Full name of contributor out-of-state PAC (IE Renze, Mark 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
	5	Eagan, MN 55121		Ĺ		
		pation / Job title (See Instructions) Il Planning & Analysis	9 Employer (See Instructions Prime Therapeutics	s)		
	Date 06/09/2023	Full name of contributor out-of-state PAC (IE Renze, Mark Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
		Il Planning & Analysis	Prime Therapeutics	-,		
	Date 06/23/2023	Full name of contributor out-of-state PAC (IE Renze, Mark Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121				
		pation / Job title (See Instructions) Il Planning & Analysis	Employer (See Instructions Prime Therapeutics	s)		
	Date 01/06/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	nment Affairs	Prime Therapeutics	٥,		
	Date 01/20/2023	Full name of contributor out-of-state PAC (IE Root, David Contributor address; City; State; Zip Code Eagan, MN 55121) #:)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	AVP, Govern	nment Affairs	Prime Therapeutics			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 63/83 Rpt: 66/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	C		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 02/03/2023	Full name of contributor Root, David Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
8	AVP, Govern	Eagan, MN 55121 pation / Job title (See Instructions) ment Affairs		Employer (See Instructions Prime Therapeutics)		
	Date 02/17/2023	Full name of contributor Root, David Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics)		
	Date 03/03/2023	Full name of contributor Root, David Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
	Deinsinal	Eagan, MN 55121		Frankrije (Control transfilm)			
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics)		
	Date 03/17/2023	Full name of contributor Root, David Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics)		
	Date 03/31/2023	Full name of contributor Root, David Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 64/83 Rpt: 67/89	
2	FILER NAME	peutics LLC Employee State P	ΔC		3	Filer ID (Ethics Commission 00069403	r Filers)
4					-		
4	Date 04/14/2023	5 Full name of contributor [Root, David 6 Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code)	′	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	AVP, Govern	nment Affairs		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor [Root, David Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP, Govern	nment Affairs		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor [Root, David Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u> 5)		
	AVP, Govern	nment Affairs		Prime Therapeutics			
	Date 05/26/2023	Full name of contributor Root, David Contributor address; City; Star Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	AVP, Govern	nment Affairs		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Root, David Contributor address; City; Star Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		nment Affairs		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 65/83 Rpt: 68/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 06/23/2023	5 Full name of contributor out-of-state PAC Root, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$12.50
_	Daine in all account	Eagan, MN 55121	la Funta de Contrata de Contra			
8		pation / Job title (See Instructions) nment Affairs	9 Employer (See Instructions Prime Therapeutics	S)		
	Date 01/06/2023	Full name of contributor out-of-state PAC Schlett, David Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Chief Financ	ial Officer	Prime Therapeutics			
	Date 01/20/2023	Full name of contributor out-of-state PAC Schlett, David Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$96.00
		Eagan, MN 55121				
	Principal occu Chief Financ	pation / Job title (See Instructions) cial Officer	Employer (See Instructions Prime Therapeutics	s)		
	Date 02/03/2023	Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$96.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	Chief Financ		Prime Therapeutics	5)		
	Date 02/17/2023	Full name of contributor out-of-state PAC Schlett, David Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics	s)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 66/83 Rpt: 69/89		
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)	
4	Date 03/03/2023	5 Full name of contributor Schlett, David6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$96.00	
8	Principal occu Chief Financ) !	9 Employer (See Instructions Prime Therapeutics) ;)			
	Date 03/17/2023	Full name of contributor Schlett, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$96.00	
	Principal occu Chief Financ	Eagan, MN 55121 pation / Job title (See Instructions cial Officer		Employer (See Instructions Prime Therapeutics	<u> </u> s)			
	Date 03/31/2023	Full name of contributor Schlett, David Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$96.00	
	<u> </u>	Eagan, MN 55121	, 1	5 1 (2 1 1 1	_			
	Chief Financ	pation / Job title (See Instructions sial Officer)	Employer (See Instructions Prime Therapeutics	5)			
	Date 04/14/2023	Full name of contributor Schlett, David Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#: ate; Zip Code		-	Amount of Contribution (\$)	\$96.00	
	Principal occu Chief Financ	pation / Job title (See Instructions)	Employer (See Instructions Prime Therapeutics	<u>l</u> s)			
	Date 04/28/2023	Full name of contributor Schlett, David Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$96.00	
	Principal occu Chief Financ	pation / Job title (See Instructions ial Officer)	Employer (See Instructions Prime Therapeutics	s)			

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/83 Rpt: 70/89	
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 05/12/2023	5 Full name of contributor Schlett, David6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$96.00
8	Principal occu Chief Financ		9	Employer (See Instructions Prime Therapeutics	5)		
	Date 05/26/2023	Full name of contributor Schlett, David Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	Eagan, MN 55121 pation / Job title (See Instructions cial Officer		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 06/09/2023	Full name of contributor Schlett, David Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$96.00
	Drincinal occu	Eagan, MN 55121 pation / Job title (See Instructions	1	Employer (See Instructions	·/-		
	Chief Financ			Prime Therapeutics	·)		
	Date 06/23/2023	Full name of contributor Schlett, David Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 01/06/2023	Full name of contributor Soma, John Contributor address; City; St. Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions raining		Employer (See Instructions Prime Therapeutics	5)		

2 FI	he Instru					
		ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 68/83 Rpt: 71/89	
	ILER NAME rime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4 Da		 Full name of contributor	_	7	Amount of Contribution (\$)	\$12.50
8 Pr	rincinal occu	Eagan, MN 55121 pation / Job title (See Instructions)	9 Employer (See Instructions	e)		
	irector of T		Prime Therapeutics	5)		
	ate 2/03/2023	Full name of contributor out-of-state PAC (ID#:_Soma, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
	rincipal occu	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	irector of T		Prime Therapeutics	-,		
	ate 2/17/2023	Full name of contributor out-of-state PAC (ID#: Soma, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121				
	rincipal occu Director of T	pation / Job title (See Instructions) raining	Employer (See Instructions Prime Therapeutics	s)		
Date	ate 3/03/2023	Full name of contributor out-of-state PAC (ID#: Soma, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121	1	Ļ		
	rincipal occu Director of T	pation / Job title (See Instructions) raining	Employer (See Instructions Prime Therapeutics	s)		
	ate 3/17/2023	Full name of contributor out-of-state PAC (ID#:_Soma, John Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director of T	raining	Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A	A1
	The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 69/83 Rpt: 72/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3 Filer ID (Ethics Commission File 00069403	ers)
4		 Full name of contributor		7 Amount of Contribution (\$)	\$12.50
8	Principal occur	Eagan, MN 55121	9 Employer (See Instructions)		
0	Director of Tr	pation / Job title (See Instructions) raining	Prime Therapeutics)	
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID Soma, John Contributor address; City; State; Zip Code)#:)	Amount of Contribution (\$)	\$12.50
	Principal occur	Eagan, MN 55121 pation / Job title (See Instructions)	Employer (See Instructions)	1	
	Director of Tr		Prime Therapeutics	,	
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID Soma, John Contributor address; City; State; Zip Code)#:)	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121			
	Principal occup Director of Tr	pation / Job title (See Instructions) raining	Employer (See Instructions) Prime Therapeutics		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID Soma, John Contributor address; City; State; Zip Code)#:)	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121			
	Director of Tr	pation / Job title (See Instructions) raining	Employer (See Instructions) Prime Therapeutics)	
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID Soma, John Contributor address; City; State; Zip Code Eagan, MN 55121	#:)	Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions)	Employer (See Instructions)		
	Director of Tr	raining	Prime Therapeutics		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 70/83 Rpt: 73/89	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Prime Thera	peutics LLC Employee State	PAC			00069403	
4	Date 06/09/2023	5 Full name of contributorSoma, John6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_		Eagan, MN 55121	,				
8		pation / Job title (See Instructions	S) 9	Employer (See Instructions	5)		
	Director of T	raining 		Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Soma, John Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Director of T	raining		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor Sommer, Alexander Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
		Affairs Lobbyist		Prime Therapeutics			
	Date 01/20/2023	Full name of contributor Sommer, Alexander Contributor address; City; S Saint Paul, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	()		
	Government	Affairs Lobbyist		Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Sommer, Alexander Contributor address; City; S Saint Paul, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	()		
	Government	Affairs Lobbyist		Prime Therapeutics			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 71/83 Rpt: 74/89	
2	FILER NAME				3	•	r Filers)
		peutics LLC Employee State F			L	00069403	
4	Date 02/17/2023	5 Full name of contributor Sommer, Alexander6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>. </u>		
	Government	Affairs Lobbyist		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Sommer, Alexander Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121	<u>, </u>				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Government	Affairs Lobbyist		Prime Therapeutics			
	Date 03/17/2023	Full name of contributor Sommer, Alexander Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Government	Affairs Lobbyist		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Sommer, Alexander Contributor address; City; St Saint Paul, MN 55121	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Lobbyist		Prime Therapeutics			
	Date 04/14/2023	Full name of contributor Sommer, Alexander Contributor address; City; St Saint Paul, MN 55121	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Lobbyist		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 72/83 Rpt: 75/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 04/28/2023	5 Full name of contributor out-of-state PAC (ID Sommer, Alexander 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$12.50
_		Saint Paul, MN 55121	10 5 1 (0 1 1 1			
8		pation / Job title (See Instructions) t Affairs Lobbyist	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID Sommer, Alexander Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	Saint Paul, MN 55121 upation / Job title (See Instructions)	Employer (See Instructions	;) 		
	•	t Affairs Lobbyist	Prime Therapeutics	,,		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID Sommer, Alexander Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$12.50
		Saint Paul, MN 55121				
		pation / Job title (See Instructions) t Affairs Lobbyist	Employer (See Instructions Prime Therapeutics	s)		
	Date 01/06/2023	Full name of contributor out-of-state PAC (ID Sutton, Angela Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Daine in all a con-	Eagan, MN 55121	T Formal Construction	<u></u>		
	•	pation / Job title (See Instructions) t Affairs Policy Director	Employer (See Instructions Prime Therapeutics	5)		
	Date 01/20/2023	Full name of contributor out-of-state PAC (ID Sutton, Angela Contributor address; City; State; Zip Code Eagan, MN 55121	#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	t Affairs Policy Director	Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 73/83 Rpt: 76/89	
2	FILER NAME	peutics LLC Employee State P	AC.		3	Filer ID (Ethics Commission 00069403	n Filers)
_		· · ·			<u> </u>		
4	Date 02/03/2023	5 Full name of contributor	out-of-state PAC (ID#: te; Zip Code)	′	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			
	Date 02/17/2023	Full name of contributor Sutton, Angela Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Sutton, Angela Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	•	Affairs Policy Director		Prime Therapeutics	,		
	Date 03/17/2023	Full name of contributor Sutton, Angela Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Sutton, Angela Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 74/83 Rpt: 77/89	
2	FILER NAME	noution I.I.C Employee State F	14.0		3	•	n Filers)
		peutics LLC Employee State P			L	00069403	
4	Date 04/14/2023	5 Full name of contributor Sutton, Angela6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor Sutton, Angela Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$10.00
	Delin din al annu	Eagan, MN 55121		Faralassa (Ossalasstanstinas	<u></u>		
		pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions	5)		
	Government	-		Prime Therapeutics	_		
	Date 05/12/2023	Full name of contributor Sutton, Angela Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u>		
		Affairs Policy Director		Prime Therapeutics	,		
	Date 05/26/2023	Full name of contributor Sutton, Angela Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Sutton, Angela Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>-</u>		
		Affairs Policy Director		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 75/83 Rpt: 78/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4		 Full name of contributor out-of-state PAC (ID#: Sutton, Angela Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 01/06/2023	Full name of contributor out-of-state PAC (ID#: Taber, Amy Contributor address; City; State; Zip Code		Prime Therapeutics		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics)		
	Date 01/20/2023	Full name of contributor out-of-state PAC (ID#: Taber, Amy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121	_				
	•	pation / Job title (See Instructions) & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics)		
	Date 02/03/2023	Full name of contributor out-of-state PAC (ID#: Taber, Amy Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) : & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics)		
	Date 02/17/2023	Full name of contributor out-of-state PAC (ID#: Taber, Amy Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics)		
	. ,	3 3	1				

	MONEI	ARY POLITICAL CONTRIBU	HOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 76/83 Rpt: 79/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 03/03/2023	6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$25.00
•	Dringinal occu	pation / Job title (See Instructions)	- 10	Employer (See Instructions	·/		
0		: & Litigation Senior Legal Counsel	*	Prime Therapeutics)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (Taber, Amy Contributor address; City; State; Zip Code	ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) : & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics	s)		
	Date		15."		_	Amount of Contribution (\$)	
	03/31/2023	Full name of contributor out-of-state PAC (Taber, Amy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) : & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics	s)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (Taber, Amy Contributor address; City; State; Zip Code Eagan, MN 55121	ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Employment	& Litigation Senior Legal Counsel		Prime Therapeutics			
	Date 04/28/2023	Full name of contributor out-of-state PAC (Taber, Amy Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Employment	& Litigation Senior Legal Counsel		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	A1
	The Instru	ction Guide explains how to complete this	s fo	rm.	1	Total pages Schedule A1: Sch: 77/83 Rpt: 80/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 05/12/2023	 Full name of contributor out-of-state PAC (ID Taber, Amy Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
•	Dringing oggu	pation / Job title (See Instructions)	10	Employer (See Instructions	<u>, </u>		
0		: & Litigation Senior Legal Counsel		Prime Therapeutics)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (IE Taber, Amy Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) : & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics	s)		
	Date			Prime merapeutics	_	Amount of Contribution (ft)	
	06/09/2023	Full name of contributor out-of-state PAC (IE Taber, Amy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) & Litigation Senior Legal Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (IE Taber, Amy Contributor address; City; State; Zip Code Eagan, MN 55121	D#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Employment	& Litigation Senior Legal Counsel		Prime Therapeutics			
	Date 01/06/2023	Full name of contributor out-of-state PAC (IE Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121	D#:)		Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Records and	I Information Management Analyst		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTRIBUTI	O	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	fo	rm.	1	Total pages Schedule A1: Sch: 78/83 Rpt: 81/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 01/20/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$2.50
•	Dringinal accu	pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
0		I Information Management Analyst	ا	Prime Therapeutics	·)		
	Date 02/03/2023	Full name of contributor out-of-state PAC (ID: Tam, Brian Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) I Information Management Analyst		Employer (See Instructions Prime Therapeutics	s)		
	Date		<u></u>	Time Therapeutics	_	Amount of Contribution (A)	
	02/17/2023	Full name of contributor out-of-state PAC (ID: Tam, Brian Contributor address; City; State; Zip Code	#. <u></u>			Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) I Information Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID: Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121	#:			Amount of Contribution (\$)	\$2.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Records and	I Information Management Analyst		Prime Therapeutics			
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID: Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121	#:			Amount of Contribution (\$)	\$2.50
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Records and	I Information Management Analyst		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 79/83 Rpt: 82/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 03/31/2023	5 Full name of contributor out-of-state PAC (ID# Tam, Brian 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2.50
_		Eagan, MN 55121	To 5 1 10 1 1 11	<u></u>		
8		pation / Job title (See Instructions) I Information Management Analyst	9 Employer (See Instructions Prime Therapeutics	5)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID# Tam, Brian Contributor address; City; State; Zip Code	<u>+)</u>		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121		<u> </u>		
	•	pation / Job title (See Instructions) Information Management Analyst	Employer (See Instructions Prime Therapeutics	5)		
	Date 04/28/2023	Full name of contributor out-of-state PAC (ID# Tam, Brian Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$2.50
	Dringing aggr	Eagan, MN 55121	Employer (See Instructions	·/_		
		pation / Job title (See Instructions) Information Management Analyst	Employer (See Instructions Prime Therapeutics)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID# Tam, Brian Contributor address; City; State; Zip Code	<i>:</i>)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121				
	•	pation / Job title (See Instructions) d Information Management Analyst	Employer (See Instructions Prime Therapeutics	5)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID# Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121	<u>; </u>		Amount of Contribution (\$)	\$2.50
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Records and	d Information Management Analyst	Prime Therapeutics			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 80/83 Rpt: 83/89	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	.C		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/09/2023	Tam, Brian 6 Contributor address; City; State				,,	\$2.50
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Records and	I Information Management Analy	/st	Prime Therapeutics			
	Date 06/23/2023	Full name of contributor Tam, Brian Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Records and	I Information Management Analy	/st	Prime Therapeutics			
	Date 02/03/2023	Full name of contributor Thompson, Hannah Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics)		
	Date 02/17/2023	Full name of contributor Thompson, Hannah Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date 03/03/2023	Full name of contributor Thompson, Hannah Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
		rnment Affairs Policy Analyst		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 81/83 Rpt: 84/89	
2	FILER NAME	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	Filers)
_		• •			<u> </u>		
4	Date 03/17/2023	5 Full name of contributor Thompson, Hannah6 Contributor address; City; Sta	out-of-state PAC (ID#:)	′	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date 03/31/2023	Full name of contributor Thompson, Hannah Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Π	Amount of Contribution (\$)	
	04/14/2023	Thompson, Hannah	out of state 1 AC (ID#			γ unduit of Continuation (φ)	\$5.00
		Contributor address; City; Sta Eagan, MN 55121	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		rnment Affairs Policy Analyst		Prime Therapeutics	•		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	04/28/2023	Thompson, Hannah Contributor address; City; Sta				Amount of Continuation (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date 05/12/2023	Full name of contributor Thompson, Hannah Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$5.00
		Fagan MN 55121					
	Delegational	Eagan, MN 55121	i	Franklaus (O. a. l	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 82/83 Rpt: 85/89	
2	FILER NAME	Prime Therapeutics LLC Employee State PAC Date 5 Full name of contributor 0ut-of-state PAC (ID#:)			3	•	Filers)
	Prime Thera					00069403	
4	Date 05/26/2023				7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions))	9 Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date 06/09/2023	Full name of contributor Thompson, Hannah Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$5.00
	D: : 1	Eagan, MN 55121			<u></u>		
		pation / Job title (See Instructions) rnment Affairs Policy Analyst)	Employer (See Instructions Prime Therapeutics	5)		
				Prime merapeutics	_		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Senior Gove	rnment Affairs Policy Analyst		Prime Therapeutics			
	Date Full name of contributor out-of-state PAC (II 03/31/2023 Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121		out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	5)		
	Senior Legal	Counsel		Prime Therapeutics			
	Date 04/14/2023				•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Senior Legal Counsel Prime Therapeutics			Prime Therapeutics			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 83/83 Rpt: 86/89		
2	FILER NAME Prime Thera	R NAME ne Therapeutics LLC Employee State PAC			Filer ID (Ethics Commission 00069403	r Filers)	
4	Date 04/28/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$25.00		
	Dringing agg	Eagan, MN 55121	9 Employer (See Instructions	<u>''</u>			
8	Senior Lega	ipation / Job title (See Instructions) I Counsel	Prime Therapeutics	o)			
	Date 05/12/2023	Full name of contributor out-of-state PAC (Van Buren, Daphne Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$25.00	
		Eagan, MN 55121					
	Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions Prime Therapeutics	s)			
	Date 05/26/2023	Full name of contributor out-of-state PAC (Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121	ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Senior Lega	l Counsel	Prime Therapeutics				
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID#:) Van Buren, Daphne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Eagan, MN 55121					
	Principal occu Senior Lega	ipation / Job title (See Instructions) I Counsel	Employer (See Instructions Prime Therapeutics	s)			
	Date 06/23/2023	Full name of contributor out-of-state PAC (Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121	ID#:)		Amount of Contribution (\$)	\$25.00	
		upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Senior Lega	l Counsel	Prime Therapeutics				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 87/89	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
01/09/2023	Julie Slama for Legislature
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	11235 Davenport St
	Suite 107
Expenditure from corporate funds	Omaha, NE 68154
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/09/2023	Robin Weisz for House Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	2639 First Street SE
Expenditure from corporate funds	Hurdsfield, ND 58451-9029
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Committee ONLY if allowed	Out in the Coff and the Coff an
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.				nages Schedule K: L/2 Rpt: 88/89		
2	FILER NAME Prime Thera				(Ethics Commiss 403	ion Filers)	
4	Date 06/20/2023	 5 Name of person from whom amount is received Ed Hill for HD 28 6 Address of person from whom amount is received; City; State; Zip Code 	I		8 Amount (\$)	\$250.00	
		Havre, MT 59501					
		7 Purpose for which amount is received Void of 11/03/2022 Disbursement 区 区 区 区 区 区 区 区 区 区 区 区 区	neck if polition	cal contr	ibution returned to f	iler	
	Date 06/20/2023	Name of person from whom amount is received Friends of Gentner Drummond Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$550.00	
		Hominy, OK 74035 Purpose for which amount is received	nock if politi	cal contr	ribution returned to f	ilor	
		Void of 11/03/2022 Disbursement	ieck ii politi	cai comi	ibation retained to i	liei	
	Date 06/20/2023	Name of person from whom amount is received George Nikolakakos for HD 26 Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$250.00	
		Great Falls, MT 59405					
		Purpose for which amount is received Void of 11/03/2022 Disbursement	neck if politi	cal contr	ribution returned to f	iler	
	Date 06/20/2023	Name of person from whom amount is received John Fuller for SD4 Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$250.00	
		Whitefish, MT 59937					
		Purpose for which amount is received Void of 11/03/2022 Disbursement	neck if politi	cal contr	ribution returned to f	iler	
	Date 01/09/2023	Name of person from whom amount is received Julie Slama for Legislature Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$500.00	
		Omaha, NE 68154					
	Purpose for which amount is received Void of 11/03/2022 Disbursement				ribution returned to f	iler	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	CONTRIBOTIONS RETORNED TO THEER							
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule K: Sch: 2/2 Rpt: 89/89			
2	FILER NAME			3	Filer ID (Ethics Commission Filers			
	Prime Thera	pe	utics LLC Employee State PAC		00069	403		
4	Date	Date 5 Name of person from whom amount is received				8 Amount (\$)		
	06/20/2023		Mike Lefor for House Campaign				\$200.00	
		6	Address of person from whom amount is received; City; State; Zip Code					
			Dickinson, ND 58602-0564					
	7 Purpose for which amount is received				cal contr	ribution returned to file	r	
			Void of 11/03/2022 Disbursement					
	Date		Name of person from whom amount is received			Amount (\$)		
	01/09/2023		Robin Weisz for House Campaign				\$200.00	
	Address of person from whom amount is received; City; State; Zip Code							
			Hurdsfield, ND 58451-9029					
		Purpose for which amount is received			cal contr	ribution returned to file	r	
			Void of 11/03/2022 Disbursement					