

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069403	2 Total pages filed: 89
3 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/14/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Eagan, MN 55121		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Michael	
		NICKNAME	LAST SUFFIX
			Kolar
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Eagan, MN 55121-1204		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Eagan, MN 55121-1204		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Eagan, MN 55121-1204		
	AREA CODE PHONE NUMBER EXTENSION (612) 777-5647		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
	11 ELECTION ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC	13 Filer ID (Ethics Commission Filers) 00069403
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,637.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 700.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,340.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Michael Kolar

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		18 Filer ID 00069403	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,637.90
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	700.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2,200.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/83 Rpt: 4/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/83 Rpt: 5/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abou Nader, Jo-Ellen <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) AVP, Fraud Waste & Abuse (FWA) Operations		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abou Nader, Jo-Ellen <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) AVP, Fraud Waste & Abuse (FWA) Operations		Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abou Nader, Jo-Ellen <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) AVP, Fraud Waste & Abuse (FWA) Operations		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/83 Rpt: 6/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abou Nader, Jo-Ellen <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$20.00
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Principal occupation / Job title (See Instructions) AVP, Fraud Waste & Abuse (FWA) Operations		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		9 Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/83 Rpt: 9/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Prime Therapeutics
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Prime Therapeutics
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bent, Christine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) Chief Operating Officer		9 Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/83 Rpt: 11/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/83 Rpt: 12/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/83 Rpt: 14/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/83 Rpt: 15/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Dale <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP, Clinical Programs		9 Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Dale <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Clinical Programs		Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Dale <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) VP, Clinical Programs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Dale <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Clinical Programs		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics

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4 Date 04/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics

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8 Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Prime Therapeutics
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Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Prime Therapeutics

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Principal occupation / Job title (See Instructions) VP Human Resources		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jr., Johnny <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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SCHEDULE A1

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Principal occupation / Job title (See Instructions) AVP, PBM Operations		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidtke, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidtke, John	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, PBM Operations		9 Employer (See Instructions) Prime Therapeutics
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8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Prime Therapeutics
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Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/83 Rpt: 30/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
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Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod	7 Amount of Contribution (\$) \$25.00
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	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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MONETARY POLITICAL CONTRIBUTIONS

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Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
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Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Steven	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
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MONETARY POLITICAL CONTRIBUTIONS

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4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.15
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/83 Rpt: 41/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.15
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SCHEDULE A1

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4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/83 Rpt: 44/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		9 Employer (See Instructions) Prime Therapeutics
Date 06/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/83 Rpt: 45/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Government Services		9 Employer (See Instructions) Prime Therapeutics
Date 02/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 03/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/83 Rpt: 46/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Manager, Government Services		9 Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 06/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Manager, Government Services		9 Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/83 Rpt: 49/89
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4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/83 Rpt: 50/89
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4 Date 01/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/83 Rpt: 51/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/83 Rpt: 52/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 06/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 02/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/83 Rpt: 53/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/83 Rpt: 54/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/83 Rpt: 55/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		9 Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/83 Rpt: 56/89
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/83 Rpt: 57/89
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4 Date 05/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 04/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
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Date 05/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sommer, Alexander <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Lobbyist		Employer (See Instructions) Prime Therapeutics
Date 01/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sommer, Alexander <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55121	Amount of Contribution (\$) \$12.50
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SCHEDULE A1

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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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 87/89	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 01/09/2023	5 Payee name Julie Slama for Legislature
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11235 Davenport St Suite 107 Omaha, NE 68154
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2023	Payee name Robin Weisz for House Campaign
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2639 First Street SE Hurdsville, ND 58451-9029
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 88/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2023	5 Name of person from whom amount is received Ed Hill for HD 28	8 Amount (\$) \$250.00
	6 Address of person from whom amount is received; City; State; Zip Code Havre, MT 59501	
	7 Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 06/20/2023	Name of person from whom amount is received Friends of Gentner Drummond	Amount (\$) \$550.00
	Address of person from whom amount is received; City; State; Zip Code Hominy, OK 74035	
	Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 06/20/2023	Name of person from whom amount is received George Nikolakakos for HD 26	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code Great Falls, MT 59405	
	Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 06/20/2023	Name of person from whom amount is received John Fuller for SD4	Amount (\$) \$250.00
	Address of person from whom amount is received; City; State; Zip Code Whitefish, MT 59937	
	Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 01/09/2023	Name of person from whom amount is received Julie Slama for Legislature	Amount (\$) \$500.00
	Address of person from whom amount is received; City; State; Zip Code Omaha, NE 68154	
	Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 89/89
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2023	5 Name of person from whom amount is received Mike Lefor for House Campaign	8 Amount (\$) \$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 Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 01/09/2023	Name of person from whom amount is received Robin Weisz for House Campaign	Amount (\$) \$200.00
	Address of person from whom amount is received; City; State; Zip Code Hurdsfield, ND 58451-9029	
	Purpose for which amount is received Void of 11/03/2022 Disbursement <input checked="" type="checkbox"/> Check if political contribution returned to filer	