

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: 94
3 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 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 Suite 200 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 Suite 200 Eagan, MN 55121-1204		
8 CAMPAIGN TREASURER PHONE	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 01/01/2024	THROUGH	Month Day Year 06/30/2024
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)	\$ 9,988.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,988.85
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 (Ethics Commission Filers) 00069403
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,988.45
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	\$ 5,000.00
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/90 Rpt: 4/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		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: 2/90 Rpt: 5/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		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: 3/90 Rpt: 6/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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 01/19/2024	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: 4/90 Rpt: 7/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/02/2024	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 02/16/2024	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 03/01/2024	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
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Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

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Date 04/26/2024	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
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Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

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8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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 01/19/2024	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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Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		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 03/01/2024	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 03/15/2024	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 03/29/2024	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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Date 04/12/2024	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 04/26/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/90 Rpt: 11/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		9 Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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: 9/90 Rpt: 12/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/19/2024	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 (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	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 (\$) \$12.50
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: 10/90 Rpt: 13/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/29/2024	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 (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	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 (\$) \$12.50
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: 11/90 Rpt: 14/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/07/2024	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 (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	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 (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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 01/19/2024	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: 12/90 Rpt: 15/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/02/2024	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 02/16/2024	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 03/01/2024	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 03/15/2024	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 03/29/2024	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: 13/90 Rpt: 16/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/12/2024	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 04/26/2024	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 05/10/2024	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 05/23/2024	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 06/07/2024	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: 14/90 Rpt: 17/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/21/2024	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 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delk, Meredith	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior VP and GM, State Government Solutions		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		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 02/16/2024	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
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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 06/21/2024	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

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) VP, Human Resources		9 Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	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
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/90 Rpt: 22/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) VP, Human Resources		9 Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	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
Date 06/21/2024	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
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		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 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		9 Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		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: 21/90 Rpt: 24/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
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Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/90 Rpt: 25/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		9 Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Application Development & Support		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: 23/90 Rpt: 26/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP, Application Development & Support		9 Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/90 Rpt: 27/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <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) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, James <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Application Development & Support		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/90 Rpt: 28/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/19/2024	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
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/90 Rpt: 30/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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 01/19/2024	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 02/02/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/90 Rpt: 31/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		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: 29/90 Rpt: 32/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/90 Rpt: 33/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
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Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Steven	Amount of Contribution (\$) \$5.00
	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
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Steven	Amount of Contribution (\$) \$5.00
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8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		9 Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

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SCHEDULE A1

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Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) 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: 36/90 Rpt: 39/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		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: 37/90 Rpt: 40/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Product Oversight		9 Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		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: 38/90 Rpt: 41/94
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4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) AVP, Product Oversight		9 Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		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: 39/90 Rpt: 42/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	7 Amount of Contribution (\$) \$10.00
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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	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 01/19/2024	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		
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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/90 Rpt: 43/94
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SCHEDULE A1

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Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		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: 42/90 Rpt: 45/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	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 01/19/2024	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 02/02/2024	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 02/16/2024	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 03/01/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/90 Rpt: 46/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/15/2024	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 03/29/2024	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 04/12/2024	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 04/26/2024	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 05/10/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/90 Rpt: 47/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/23/2024	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 06/07/2024	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 06/21/2024	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 01/05/2024	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 01/19/2024	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: 45/90 Rpt: 48/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/02/2024	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 02/16/2024	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
Date 03/01/2024	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
Date 03/15/2024	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
Date 03/29/2024	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: 46/90 Rpt: 49/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	7 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
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Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
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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 06/07/2024	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: 47/90 Rpt: 50/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/21/2024	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 01/05/2024	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
Date 01/19/2024	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
Date 02/02/2024	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
Date 02/16/2024	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: 48/90 Rpt: 51/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	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 03/29/2024	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 04/12/2024	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 04/26/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/90 Rpt: 52/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	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 06/07/2024	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 06/21/2024	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 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
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: 50/90 Rpt: 53/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
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: 51/90 Rpt: 54/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
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: 52/90 Rpt: 55/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
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: 53/90 Rpt: 56/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/16/2024	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
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	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 03/15/2024	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 03/29/2024	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
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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: 54/90 Rpt: 57/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
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Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
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: 55/90 Rpt: 58/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		9 Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director of Training		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: 71/90 Rpt: 74/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	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
Date 03/01/2024	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
Date 03/15/2024	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
Date 03/29/2024	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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/90 Rpt: 75/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
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Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

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8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera	Amount of Contribution (\$) \$6.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
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Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Policy Director		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Policy Director		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 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Angela	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Government Affairs Policy Director		9 Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Policy Director		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) 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: 79/90 Rpt: 82/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Government Affairs		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: 80/90 Rpt: 83/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$30.00
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Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/90 Rpt: 84/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Amy <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Employment & Litigation Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employment & Litigation Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employment & Litigation Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Employment & Litigation Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taber, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
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SCHEDULE A1

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Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		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: 85/90 Rpt: 88/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Records & Information Management Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/90 Rpt: 89/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/90 Rpt: 91/94
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4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/90 Rpt: 92/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/90 Rpt: 93/94
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Ann <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Business Development		Employer (See Instructions) 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
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: 94/94	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/10/2024	5 Payee name Florida Insurance Council (FIC) Political Committee	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 150 S. Monroe St, Suite 206 Tallahassee, FL 32301	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held