FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069403 3 COMMITTEE NAME **OFFICE USE ONLY** Prime Therapeutics LLC Employee State PAC Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2900 Ames Crossing Road Date Hand-delivered or Date Postmarked Suite 200 Change of Address Eagan, MN 55121 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Kolar STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2900 Ames Crossing Road STREET **ADDRESS** Suite 200 (Residence or Business) Eagan, MN 55121-1204 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2900 Ames Crossing Road MAILING **ADDRESS** Suite 200 Eagan, MN 55121-1204 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (612) 777-5647 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Day Day Month Year Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)			
Prime Therapeutics LL	C Employee State PAC		00069403			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cesar Blanco State Senator				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,100.95		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	\$	43,450.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,639.80		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	I		l			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
		Mr. Mich	nael Kolar			
		Signature of Ca	mpaign Treasure	r		
AFFIX NOTAR	Y STAMP / SEAL ABOVE					
Sworn to and subscribe	d before me, by the said _	, tl	his the	day		
		which, witness my hand and seal of office.				
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer	administering oath		

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Prime Therapeutics LLC	Employee State PA	√C		00069403	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila State Re	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Charles Perry State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Chris Turner State Representat	ive	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
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FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID (Ethics Commission	Filers)
					11 11013)
Prime Therapeutics LLC	Employee State PA	AC .		00069403	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Christian Manuel Stat	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Erin Zwiener State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. 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Measures (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Supported 1. Supported 1. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 1. Supported 1. Candidates (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this epport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). ACTIVITY (Attach lists on plain paper to complete this epport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party). B. Opposed B. Opposed B. Opposed B. Opposed Committee this epport if necessary.) COMMITTEE A. Supported (Identify to pane or, if applicable, classify by party). B. Opposed COMMITTEE A. Supported (Identify to pane or, if applicable, classify by party). B. Opposed COMMITTEE A. Supported (Identify to pane or, if applicable, classify by party). B. Opposed COMMITTEE A. Supported Committee this epport if necessary.) COMMITTEE A. Supported Committee this epport if necessary.) B. Opposed Committee this epport if necessary.) Committee this epport if necessary.) Committee this epport if necessary.) Committee this epport if necessary.)

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Prime Therapeutics LLC	Employee State PA	/C		00069403	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Bryant State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Lacey Hull State Representative		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mihaela Plesa State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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_						(Ethics Commissio	n Filers)
C Employee State PA	AC				00069403		
1. Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunte	er State Represe	entativ	e		
	B. Opposed						
2. Measures	A. Supported						
(Describe by date and location of election and nature of issue.)							
	B. Opposed						
3. Officeholders Assisted							
applicable, classify by party.))						
1. Candidates	A. Supported	Toni Rose	State Represent	ıtative			
(Identify by name or, if applicable, classify by party.)							
	B. Opposed						
2. Measures (Describe by date and location of election and nature of issue)	A. Supported						
	B. Opposed						
Officeholders Assisted							
(Identify by name or, if applicable, classify by party.)							
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted A. Supported	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Opposed A. Supported A. Supported Toni Rose A. Supported Toni Rose A. Supported Toni Rose A. Supported Toni Rose Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Toni Rose	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Toni Rose State Represer Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Represer B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by date and location of election and nature of issue.)	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Toni Rose State Representative Toni Rose State Representative A. Supported Toni Rose State Representative A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative Describe by date and location of election and nature of issue.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of Issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Toni Rose State Representative Toni Rose State Representative A. Supported Toni Rose State Representative B. Opposed Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative	Employee State PAC 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed Toni Rose State Representative A. Supported Toni Rose State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative Describe by date and location of election and nature of issue.) B. Opposed A. Supported Toni Rose State Representative

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SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commissio	n Filers)
Prir	ne The	rapeutics LLC Employee State PAC	00069403	•	,
		E SUBTOTALS		I	
l		SCHEDULE		SUBTOTAL A	MOUNT
INA	VIL OI	JOI LEBOLL			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		 	12,100.95
				•	12,100.00
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
		ORGANIZATION		<u> </u>	
-	$\overline{}$	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		 \$	
	<u> </u>	ORGANIZATION			
	$\overline{}$	COURDING DO DI EDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	43,450.00
				Ť	
11	\Box	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
11.	Ш	SCHEDOLE FZ. UNFAID INCORRED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				<u> </u>	
14	\Box	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONE		
14.	Ш	SCHEDOLE I. NON-POLITICAL EXPENDITORES FROM POLITICAL CONTRIBUTION	JNS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER	KETOKINED	\$	
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	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/85 Rpt: 8/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 07/05/2024	 Full name of contributor out-of-state PA Barth, Drew Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occupation / Job title (See Instructions) Sales			Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PA Barth, Drew Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	s)		
Date 08/16/2024		Full name of contributor out-of-state PA Barth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 08/30/2024	Full name of contributor out-of-state PA Barth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$5.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	s)		

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/85 Rpt: 9/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 09/13/2024	5 Full name of contributor out-of-state PAC (ID Barth, Drew 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID Barth, Drew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing agg	Eagan, MN 55121	-	Employer (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Sales			Employer (See Instructions Prime Therapeutics	o)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID Barth, Drew Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	s)		
Date 10/25/2024		Full name of contributor out-of-state PAC (ID#:) Barth, Drew Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Principal occu Sales	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u>l</u> S)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (IDBarth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121			•	Amount of Contribution (\$)	\$5.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
			1				

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 3/85 Rpt: 10/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 11/22/2024)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121	ļ				
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Dringing! goog	Eagan, MN 55121		Employer (See Instructions	·/		
	Principal occupation / Job title (See Instructions) Sales			Prime Therapeutics)		
	Date 12/22/2024	Full name of contributor out-o Barth, Drew Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
Date 07/05/2024		Bartosh, Sandra	of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 07/19/2024	Full name of contributor out-one Bartosh, Sandra Contributor address; City; State; Zip one Bagan, MN 55121	of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions) ant		Employer (See Instructions Prime Therapeutics	5)		
	<u> </u>		I	·			

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this forr	m.	1	Total pages Schedule A1: Sch: 4/85 Rpt: 11/116	
2	FILER NAME Prime Thera	peutics LLC Employee State P	AC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/02/2024	5 Full name of contributor Bartosh, Sandra6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	la-		_		
8	Legal Assista	pation / Job title (See Instructions) ant	9	Employer (See Instructions Prime Therapeutics			
	Date 08/16/2024	Full name of contributor Bartosh, Sandra Contributor address; City; Sta				Amount of Contribution (\$)	\$5.00
	Dringing agg	Eagan, MN 55121		Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Legal Assistant			Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor Bartosh, Sandra Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Legal Assista	pation / Job title (See Instructions) ant		Employer (See Instructions Prime Therapeutics	5)		
09/13/2024 Barti Cont		Full name of contributor Bartosh, Sandra Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions) ant		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 09/27/2024	Full name of contributor Bartosh, Sandra Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions) ant		Employer (See Instructions Prime Therapeutics	5)		
			L				

	MONET	ARY POLITICAL (CONTRIBUTION	NS	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 5/85 Rpt: 12/116	
2	FILER NAME Prime Thera	peutics LLC Employee State	PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 10/11/2024	5 Full name of contributor Bartosh, Sandra6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121	<u></u>					
8	Principal occu Legal Assista	pation / Job title (See Instructions ant	9		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor Bartosh, Sandra Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions	.)		Employer (See Instructions	_		
	Legal Assista		,		Prime Therapeutics	')		
	Date 11/08/2024	Full name of contributor Bartosh, Sandra Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121						
	Principal occu Legal Assista	pation / Job title (See Instructions ant	(5)		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor Bartosh, Sandra Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:tate; Zip Code				Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions ant	5)		Employer (See Instructions Prime Therapeutics)		
	Date 12/06/2024	Full name of contributor Bartosh, Sandra Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Legal Assista	pation / Job title (See Instructions ant	s)		Employer (See Instructions Prime Therapeutics)		
			L					

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 6/85 Rpt: 13/116	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
		peutics LLC Employee State P	AC 			00069403	
4	Date 12/22/2024	Full name of contributor Bartosh, Sandra Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
•	Legal Assista			Prime Therapeutics	,		
	Date 07/05/2024	Full name of contributor [Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Corporate Development & Treasury			Prime Therapeutics			
	Date Full name of contributor out-of-state PAC (ID# 07/19/2024 Baumgard, Terry Contributor address; City; State; Zip Code		out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
				Prime Therapeutics	•		
	Date Full name of contributor out-of-state PAC 08/02/2024 Baumgard, Terry Contributor address; City; State; Zip Code Eagan, MN 55121		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			
	Date 08/16/2024	Full name of contributor Baumgard, Terry Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u> 5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/85 Rpt: 14/116	
2	FILER NAME	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date	5 Full name of contributor			-	Amount of Contribution (\$)	
4	08/30/2024	Baumgard, Terry 6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code		ľ	Amount of Continuation (\$)	\$25.00
Ω	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions	. 10	9 Employer (See Instructions			
0		te Development & Treasury	' '	Prime Therapeutics)		
	vi , corpora			Thine Therapeutics	_		
	Date 09/13/2024	Full name of contributor Baumgard, Terry Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	09/27/2024	Baumgard, Terry	out or state 1710 (IBII	/		7 another 51 55 minutes (4)	\$25.00
		Contributor address; City; Sta	ate; Zip Code				
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Corpora	te Development & Treasury		Prime Therapeutics			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	10/11/2024	Baumgard, Terry Contributor address; City; Sta				,	\$25.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) te Development & Treasury		Employer (See Instructions Prime Therapeutics	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/05/2024	Berry, Caitlin					\$12.50
		Contributor address; City; Sta Eagan, MN 55121	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
		or, State Government Affairs		Prime Therapeutics	,		
			I				

	MONEI	ARY POLITICAL CONTR	IBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 8/85 Rpt: 15/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State PAC				00069403	
4	Date 07/19/2024	Berry, Caitlin	te PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 08/02/2024	Full name of contributor out-of-sta Berry, Caitlin Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 08/16/2024	Full name of contributor out-of-state Berry, Caitlin Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 08/30/2024	Full name of contributor out-of-sta Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	te PAC (ID#:			Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			
	Date 09/13/2024	Full name of contributor out-of-sta Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	te PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Policy Adviso	or, State Government Affairs		Prime Therapeutics			

	MONEI	ARY POLITICAL CONTI	RIBUTION	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 9/85 Rpt: 16/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 09/27/2024	 Full name of contributor out-of-s Berry, Caitlin Contributor address; City; State; Zip Co 	state PAC (ID#:		7	Amount of Contribution (\$)	\$12.50
_	Deinsinal assu	Eagan, MN 55121		Franksian (Caa Instructions			
8		ipation / Job title (See Instructions) or, State Government Affairs	9	Employer (See Instructions Prime Therapeutics)		
	Date 10/11/2024	Full name of contributor out-of-s Berry, Caitlin Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$12.50
	Drincinal occu	Eagan, MN 55121 upation / Job title (See Instructions)		Employer (See Instructions			
		or, State Government Affairs		Prime Therapeutics	')		
	Date 10/25/2024	Full name of contributor out-of-s Berry, Caitlin Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		upation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	i)		
	Date 11/08/2024	Berry, Caitlin				Amount of Contribution (\$)	\$12.50
		upation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics)		
	Date 11/22/2024	Full name of contributor out-of-s Berry, Caitlin Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$12.50
		ipation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	5)		
				Time Time Time			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/85 Rpt: 17/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 12/06/2024	 Full name of contributor out-of-state PAC (ID#: Berry, Caitlin Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$12.50
_	Dein sin al a a su	Eagan, MN 55121	10	Faralagae (Octobration			
8	•	pation / Job title (See Instructions) or, State Government Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#: Berry, Caitlin Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) or, State Government Affairs		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#: Bliss, Brooke Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) armacy Leader		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#: Breen, Catal Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$35.00
	•	pation / Job title (See Instructions) ent, Data Strategy/Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#: Browne, Amy Contributor address; City; State; Zip Code Eagan, MN 55121			•	Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) ent, IT Innovation		Employer (See Instructions Prime Therapeutics	5)		
	viso i reside		<u> </u>	e merapeunes			

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 11/85 Rpt: 18/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 07/05/2024	 Full name of contributor out-of-state F Cantor-Weinberg, Julie Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Eagan, MN 55121	- la	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) overnment Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor out-of-state F Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/		
		overnment Affairs		Prime Therapeutics	·)		
	Date 08/02/2024	Full name of contributor out-of-state F Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	s)		
	Date 08/16/2024	Full name of contributor out-of-state F Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	-			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 08/30/2024	Full name of contributor out-of-state F Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	o.pai, OC			T.inio Therapoullos			

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 12/85 Rpt: 19/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 09/13/2024	 Full name of contributor out-of-state cantor-Weinberg, Julie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121	1_				
8		pation / Job title (See Instructions) overnment Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state I Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Dringing agg	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (Co.) Instructions	<u></u>		
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state Cantor-Weinberg, Julie Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	s)		
	Date 10/25/2024	Full name of contributor out-of-state I Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor out-of-state I Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	s)		
	o.pai, OC			o			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 13/85 Rpt: 20/116	
2	FILER NAME Prime Thera	peutics LLC Employee State P.	AC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 11/22/2024	5 Full name of contributor Cantor-Weinberg, Julie 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions) overnment Affairs	9	Employer (See Instructions Prime Therapeutics	s)		
	Date 12/06/2024	Full name of contributor [Cantor-Weinberg, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	s)		
		overnment Affairs		Prime Therapeutics	-,		
	Date 12/22/2024	Full name of contributor [Cantor-Weinberg, Julie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) overnment Affairs		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor [Colaizy, Emily Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$12.50
		pation / Job title (See Instructions) ent, Pharmaceutical Trade Rela	tions	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor Cutts, Stephen Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	, _pool	,	<u> </u>				

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 14/85 Rpt: 21/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 12/22/2024	 Full name of contributor out-of-state PA Dean, Kimberly Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Eagan, MN 55121			_		
8		pation / Job title (See Instructions) Plan Markets	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Dein sin al a a su	Eagan, MN 55121		For all 1997 (October 1997)			
	•	pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 15/85 Rpt: 22/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 08/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_		Eagan, MN 55121		5 1 (0 1 1 1			
8		pation / Job title (See Instructions) ant General Counsel	9	Employer (See Instructions Prime Therapeutics			
	Date 09/13/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121		5 1 (0 1 1 1	<u></u>		
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	<u>l</u> 5)		
	Date 10/25/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code Eagan, MN 55121	AC (ID#:)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 16/85 Rpt: 23/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 11/08/2024	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Eagan, MN 55121	la.	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) ant General Counsel	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121			_		
	•	pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	S)		
	Date 12/06/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor out-of-state PA Dessner, Alicia Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) ant General Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor out-of-state PAFeigal, Erin Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$62.50
	Principal occu VP, Human I	pation / Job title (See Instructions) Resources		Employer (See Instructions Prime Therapeutics	5)		
	,						

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 17/85 Rpt: 24/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 07/19/2024	 5 Full name of contributor out-of-star Feigal, Erin 6 Contributor address; City; State; Zip Coc)	7	Amount of Contribution (\$)	\$62.50
_		Eagan, MN 55121			<u></u>		
8	VP, Human I	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Prime Therapeutics			
	Date 08/02/2024	Feigal, Erin				Amount of Contribution (\$)	\$62.50
	Deinsinal	Eagan, MN 55121	1	Foundation (Construction	$\overline{\Gamma}$		
	VP, Human I	pation / Job title (See Instructions) Resources		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of-sta Feigal, Erin Contributor address; City; State; Zip Coc	ate PAC (ID#:)		Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121					
	Principal occu VP, Human I	pation / Job title (See Instructions) Resources		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Feigal, Erin				Amount of Contribution (\$)	\$62.50
	Principal occu VP, Human I	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u>l</u> 5)		
	Date 09/13/2024	Feigal, Erin				Amount of Contribution (\$)	\$62.50
	Principal occu VP, Human I	pation / Job title (See Instructions) Resources		Employer (See Instructions Prime Therapeutics	5)		
	,						

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/85 Rpt: 25/116	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Prime Thera	peutics LLC Employee State P.	AC			00069403	
4	Date 09/27/2024	5 Full name of contributor [Feigal, Erin6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	VP, Human	Resources		Prime Therapeutics			
	Date 10/11/2024	Full name of contributor Feigal, Erin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Human	Resources 		Prime Therapeutics			
	Date 10/25/2024	Full name of contributor [Feigal, Erin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	VP, Human	Resources		Prime Therapeutics			
	Date 11/08/2024	Full name of contributor Feigal, Erin Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Human	Resources		Prime Therapeutics			
	Date 11/22/2024	Full name of contributor Feigal, Erin Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$62.50
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	VP, Human	Resources		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 19/85 Rpt: 26/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 12/06/2024	 5 Full name of contributor out-of-state out-of-state Feigal, Erin 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$62.50
_		Eagan, MN 55121			_		
8	Principal occu VP, Human I	pation / Job title (See Instructions) Resources	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state I Feigal, Erin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.50
		Eagan, MN 55121			Ĺ		
	VP, Human I	pation / Job title (See Instructions) Resources		Employer (See Instructions Prime Therapeutics	S)		
	Date 07/05/2024	Full name of contributor out-of-state I Gleason, Patrick Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	s)		
	Date 07/19/2024	Full name of contributor out-of-state I Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 08/02/2024	Full name of contributor out-of-state I Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 20/85 Rpt: 27/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 08/16/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Gleason, Patrick 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121	-				
8	•	pation / Job title (See Instructions) ce President, Health Outcomes	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Gleason, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	s)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ Gleason, Patrick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)		
	. colorant vic	SS. 135mon, Franki Outoomos	<u>1</u>	e . merapeutice			

	MONEI	ARY POLITICAL CONTRIL	301101	15		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 21/85 Rpt: 28/116	
2	FILER NAME Prime Thera	apeutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	າ Filers)
4	Date 10/25/2024	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_	Determinal and	Eagan, MN 55121		Surfaces (Coo Instructions	<u></u>		
8		upation / Job title (See Instructions) ce President, Health Outcomes	9	Employer (See Instructions Prime Therapeutics	· ·		
	Date 11/08/2024	Full name of contributor out-of-state Gleason, Patrick Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Eagan, MN 55121 upation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Assistant Vic	ce President, Health Outcomes		Prime Therapeutics			
	Date 11/22/2024	Full name of contributor out-of-state Gleason, Patrick Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	I	Eagan, MN 55121					
		upation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-of-state Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121	PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	•	upation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state Gleason, Patrick Contributor address; City; State; Zip Code Eagan, MN 55121	PAC (ID#:			Amount of Contribution (\$)	\$10.00
		upation / Job title (See Instructions) ce President, Health Outcomes		Employer (See Instructions Prime Therapeutics	5)		
			_				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 22/85 Rpt: 29/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC	;		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 12/22/2024	Hanley, Megan	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$37.50
_		Eagan, MN 55121		5 1 (0 1 i ii			
8	AVP, Netwo	pation / Job title (See Instructions) rk Relations		Employer (See Instructions Prime Therapeutics	i) 		
	Date 07/05/2024	Full name of contributor Henshaw, Jarrod Contributor address; City; State;				Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121		5 1 (0 1 1 1			
	Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor Henshaw, Jarrod Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions) Prime Therapeutics			
Date Full name of contributor out-of-state PAC 08/02/2024 Henshaw, Jarrod		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu Senior Vice I	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 08/16/2024	Full name of contributor Henshaw, Jarrod Contributor address; City; State; Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Senior Vice I	pation / Job title (See Instructions) President		Employer (See Instructions Prime Therapeutics	5)		
	Service Vice I						

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 23/85 Rpt: 30/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 08/30/2024	Henshaw, Jarrod	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Eagan, MN 55121			<u></u>		
8	Senior Vice I	pation / Job title (See Instructions) President	9	Employer (See Instructions Prime Therapeutics			
	Date 12/22/2024	Full name of contributor out-of- Hirsch, Kayla Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$12.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		eting Strategy		Prime Therapeutics	,		
	Date 07/05/2024	Full name of contributor out-of-Hogan, Nadine Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
Date Full name of contributor out-of-state PAG 07/19/2024 Hogan, Nadine		-state PAC (ID#: ode			Amount of Contribution (\$)	\$2.50	
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/02/2024 Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$2.50		
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	5 20gui / tu		<u> </u>				

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 24/85 Rpt: 31/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/16/2024	 Full name of contributor	-		7	Amount of Contribution (\$)	\$2.50
_	Drivainal	Eagan, MN 55121	lo.	Franks ou (Coo la etroctione	<u></u>		
8	Sr. Legal Ad	pation / Job title (See Instructions) ministrator	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code	-			Amount of Contribution (\$)	\$2.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Sr. Legal Ad			Prime Therapeutics	')		
	Date 09/13/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	-			Amount of Contribution (\$)	\$2.50
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$2.50
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 25/85 Rpt: 32/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 10/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
_	Deignigal	Eagan, MN 55121	lo.	Franks or (Cook batturations			
8	Sr. Legal Ad	pation / Job title (See Instructions) ministrator	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$2.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Sr. Legal Ad	,		Prime Therapeutics	"		
	Date 11/22/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121	•)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state Hogan, Nadine Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$2.50
	Principal occu Sr. Legal Ad	pation / Job title (See Instructions) ministrator		Employer (See Instructions Prime Therapeutics	5)		
	2 <u></u>			T.M.S. M. Capadillo			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1	
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 26/85 Rpt: 33/116		
2	FILER NAME Prime Thera	peutics LLC Employee State PA	AC		3	Filer ID (Ethics Commission 00069403	Filers)	
4	Date 07/05/2024	5 Full name of contributor Johnson, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00	
_	Dringing aggr	Eagan, MN 55121	lo.	Employer (See Instructions	<u></u>			
8	Managing Co	pation / Job title (See Instructions) punsel	9	Employer (See Instructions Prime Therapeutics	»)			
	Date 07/19/2024	Full name of contributor Johnson, Charles Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$5.00	
	Dringinal occu	Eagan, MN 55121		Employer (See Instructions	·/-			
	Managing Co	pation / Job title (See Instructions) ounsel		Prime Therapeutics	o)			
	Date 08/02/2024	Full name of contributor Johnson, Charles Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121						
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions) Prime Therapeutics				
	Date 08/16/2024	Full name of contributor Johnson, Charles Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$5.00	
	Principal occu Managing Co	pation / Job title (See Instructions) punsel		Employer (See Instructions Prime Therapeutics	5)			
	Date 08/30/2024	Full name of contributor Johnson, Charles Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00	
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)			
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 27/85 Rpt: 34/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	√C		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 09/13/2024	5 Full name of contributor Johnson, Charles	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_	Deinsinal assu	Eagan, MN 55121	lo.	Frankston (Cookstants and	<u></u>		
8	Managing Co	pation / Job title (See Instructions) punsel	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor Johnson, Charles Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Eagan, MN 55121		Franksian (Caa Instructions	<u></u>		
	Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor Johnson, Charles Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Prime Therapeutics	s)		
	Date 10/25/2024	Full name of contributor Johnson, Charles Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$5.00
	Principal occu Managing Co	pation / Job title (See Instructions) ounsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor Johnson, Charles Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code		•	Amount of Contribution (\$)	\$5.00
	Principal occu Managing Co	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	a.laging Ot			T.inio Therapoulos			

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 28/85 Rpt: 35/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State F	PAC			00069403	
4	Date 11/22/2024	5 Full name of contributor Johnson, Charles6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions) [9	Employer (See Instructions	<u>;)</u>		
•	Managing Co		,	Prime Therapeutics	,		
	Date 12/06/2024	Full name of contributor Johnson, Charles Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	:) 		
	Managing Co		,	Prime Therapeutics	,,		
	Date 12/22/2024	Full name of contributor Johnson, Charles Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Managing Co	pation / Job title (See Instructions ounsel)	Employer (See Instructions Prime Therapeutics	s)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
	•	pation / Job title (See Instructions ting & Communications Office	·	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor Johnston, Deanna Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Government	pation / Job title (See Instructions Affairs)	Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 29/85 Rpt: 36/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	С		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 07/19/2024	5 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_		Eagan, MN 55121					
8	Government	pation / Job title (See Instructions) Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor Johnston, Deanna Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	1	Employer (See Instructions) 		
	Government			Prime Therapeutics	')		
	Date 08/16/2024	Full name of contributor Johnston, Deanna Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions) Prime Therapeutics			
08/30/2024 Johnston, Deanna		out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$25.00	
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Johnston, Deanna Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$25.00		
	Principal occu Government	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	()		
	Sovernment	, mans		Time merapeutics			

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 30/85 Rpt: 37/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	AC		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 09/27/2024	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	Eagan, MN 55121	lo.	Franks on (Coo Instructions			
8	Government	pation / Job title (See Instructions) Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor Johnston, Deanna Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Government			Prime Therapeutics	"		
	Date 10/25/2024	Full name of contributor Johnston, Deanna Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/08/2024	Full name of contributor Johnston, Deanna Contributor address; City; Stat Eagan, MN 55121)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor Johnston, Deanna Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Government	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Sovernment	7 VIIGII 3		Time Therapeutics			

	MONET	ARY POLITICAL C	ONTRIBUTION	<u>.</u>		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 31/85 Rpt: 38/116	
2	FILER NAME Prime Thera	peutics LLC Employee State P	AC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 12/06/2024	5 Full name of contributorJohnston, Deanna6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8	Principal occu Government	pation / Job title (See Instructions) Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor Johnston, Deanna Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Government			Prime Therapeutics	,		
	Date 07/05/2024	Full name of contributor Kishel Geiger, Kimberly Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu AVP, Produc	pation / Job title (See Instructions) ct Oversight		Employer (See Instructions Prime Therapeutics	s)		
	Date 07/19/2024	Full name of contributor Kishel Geiger, Kimberly Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu AVP, Produc	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor Kishel Geiger, Kimberly Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	,	<u> </u>					

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 32/85 Rpt: 39/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 08/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121			_		
8	AVP, Produc	pation / Job title (See Instructions) ct Oversight	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAG Kishel Geiger, Kimberly Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$10.00
	Delicalization	Eagan, MN 55121		Fanda and (Carabantan times			
	AVP, Produc	pation / Job title (See Instructions) ct Oversight		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAG Kishel Geiger, Kimberly Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu AVP, Produc	pation / Job title (See Instructions) ct Oversight		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAG Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$10.00
	Principal occu AVP, Produc	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u>l</u> s)		
	Date 10/11/2024	Full name of contributor out-of-state PAG Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	s)		
	, 110000						

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 33/85 Rpt: 40/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 10/25/2024	 Full name of contributor out-of-state PAI wishel Geiger, Kimberly Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
8	Principal occu AVP, Produc	pation / Job title (See Instructions) ct Oversight	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121			_		
	Principal occu AVP, Produc	pation / Job title (See Instructions) ct Oversight		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/22/2024	Full name of contributor	C (ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	Principal occu AVP, Produc	pation / Job title (See Instructions) ct Oversight		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/06/2024	Full name of contributor out-of-state PAI Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$10.00
	Principal occu AVP, Produc	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 12/22/2024	Full name of contributor out-of-state PAR Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 34/85 Rpt: 41/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 07/05/2024	5 Full name of contributor out- Kolar, Michael6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$96.15
_	5	Eagan, MN 55121			_		
8	SVP, Genera	pation / Job title (See Instructions) al Counsel	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor				Amount of Contribution (\$)	\$96.15
	Dringinal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	SVP, Genera			Prime Therapeutics)		
	Date 08/02/2024	Full name of contributor out- Kolar, Michael Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121					
	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Kolar, Michael	of-state PAC (ID#:			Amount of Contribution (\$)	\$96.15
	Principal occu SVP, Genera	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 08/30/2024	Kolar, Michael	of-state PAC (ID#:			Amount of Contribution (\$)	\$96.15
	Principal occu SVP, Genera	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	JVI , GONGIE	A. COMINOI		Time merupeduces			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 35/85 Rpt: 42/116	
2	FILER NAME	peutics LLC Employee State P	AC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/13/2024	Kolar, Michael 6 Contributor address; City; Sta	_				\$96.15
		Eagan, MN 55121					
8	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel	9	Prime Therapeutics	s)		
	Date 09/27/2024	Full name of contributor Kolar, Michael Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$96.15
	Dringing aggr	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	SVP, Genera			Prime Therapeutics)		
	Date 10/11/2024	Full name of contributor [Kolar, Michael Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121					
	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel		Employer (See Instructions Prime Therapeutics	s)		
	Date 10/25/2024	Full name of contributor Kolar, Michael Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$96.15
	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor Kolar, Michael Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$96.15
	Principal occu SVP, Genera	pation / Job title (See Instructions) al Counsel		Employer (See Instructions Prime Therapeutics	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/85 Rpt: 43/116	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
	Prime Thera	peutics LLC Employee State P	AC			00069403	
4	Date 11/22/2024	5 Full name of contributor Kolar, Michael6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	ę	Employer (See Instructions	()		
	SVP, Genera	al Counsel		Prime Therapeutics			
	Date 12/06/2024	Full name of contributor Kolar, Michael Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121	i				
		pation / Job title (See Instructions)		Employer (See Instructions	i)		
	SVP, Genera	ai Counsei •		Prime Therapeutics			
	Date 12/22/2024	Full name of contributor Kolar, Michael Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$96.15
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	SVP, Genera	al Counsel		Prime Therapeutics			
	Date 07/05/2024	Full name of contributor Kracke, Melanie Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:atte; Zip Code			Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 07/19/2024	Full name of contributor Kracke, Melanie Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 37/85 Rpt: 44/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State P	AC			00069403	
4	Date 08/02/2024	5 Full name of contributor [Kracke, Melanie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 08/16/2024	Full name of contributor Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 08/30/2024	Full name of contributor [Kracke, Melanie Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 09/13/2024	Full name of contributor Kracke, Melanie Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			
	Date 09/27/2024	Full name of contributor Kracke, Melanie Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Manager, Ph	narmacy Network Pricing		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 38/85 Rpt: 45/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 10/11/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121					
8	•	pation / Job title (See Instructions) narmacy Network Pricing	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Kracke, Melanie Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) narmacy Network Pricing		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC Kracke, Melanie Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) narmacy Network Pricing		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/22/2024	Full name of contributor out-of-state PAC Kracke, Melanie Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) narmacy Network Pricing		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC Kracke, Melanie Contributor address; City; State; Zip Code Eagan, MN 55121	I (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) narmacy Network Pricing		Employer (See Instructions Prime Therapeutics	5)		
	wanayer, Fr	amacy Network Fileling		Time merapeutics			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 39/85 Rpt: 46/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 12/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	la.	5 1 (0 1 1 1			
8	•	pation / Job title (See Instructions) narmacy Network Pricing	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor out-of-state PAGE Krueger, Linsey Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Dringing aggr	Eagan, MN 55121		Employer (Co.) Instructions	<u></u>		
	•	pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor	C (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAGE Krueger, Linsey Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAGE Krueger, Linsey Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:			Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	5)		
	wanayer, GC	OVERTIFICITE OCT VICES		Time merapeutics			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/85 Rpt: 47/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State	PAC			00069403	
4	Date 08/30/2024	5 Full name of contributor Krueger, Linsey6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121					
8		pation / Job title (See Instructions	(3)	9 Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 09/13/2024	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121	<u>, </u>				
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 09/27/2024	Full name of contributor Krueger, Linsey Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u>		
		overnment Services	,	Prime Therapeutics	•		
	Date 10/11/2024	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			
	Date 10/25/2024	Full name of contributor Krueger, Linsey Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Manager, Go	overnment Services		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 41/85 Rpt: 48/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 11/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_	Deinsinal assu	Eagan, MN 55121					
8		pation / Job title (See Instructions) overnment Services	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor				Amount of Contribution (\$)	\$5.00
	Dringinal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	-	overnment Services		Prime Therapeutics	·)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (Krueger, Linsey Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (Krueger, Linsey Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) overnment Services		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:			Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) e President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
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	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete th	his fo	rm.	1	Total pages Schedule A1: Sch: 42/85 Rpt: 49/116		
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)	
4		 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$25.00	
_	Delegate at a second	Eagan, MN 55121	- 1-) Familia de la companione				
8		pation / Job title (See Instructions) ce President, Client Engagement	9	Employer (See Instructions Prime Therapeutics	5)			
	Date 08/02/2024	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$25.00	
		Eagan, MN 55121			Ĺ			
		pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	S)			
	Date 08/16/2024	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$25.00	
		Eagan, MN 55121						
		pation / Job title (See Instructions) ce President, Client Engagement		Employer (See Instructions Prime Therapeutics	s)			
	Date 08/30/2024	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)	•	Amount of Contribution (\$)	\$25.00	
	•	pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)			
	Date 09/13/2024	Full name of contributor out-of-state PAC Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121	 (ID#:			Amount of Contribution (\$)	\$25.00	
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Regional VIC	e President, Client Engagement		Prime Therapeutics				

	MONET	ARY POLITICAL CONTRIBUTION	<u> </u>	IS 		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 43/85 Rpt: 50/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 09/27/2024	 Full name of contributor out-of-state PAC (ID#: Kueneman, Kamie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions) ce President, Client Engagement	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#: Kueneman, Kamie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	T	Employer (See Instructions	<u>s)</u>		
		e President, Client Engagement		Prime Therapeutics	•)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#: Kueneman, Kamie Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ce President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#: Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ee President, Client Engagement		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#: Kueneman, Kamie Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$25.00
		pation / Job title (See Instructions) ce President, Client Engagement		Employer (See Instructions Prime Therapeutics	s)		
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	MONEI	ARY POLITICAL CONTRIBU	J1101	NS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 44/85 Rpt: 51/116	
2	FILER NAME Prime Thera	apeutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 12/06/2024	 Full name of contributor	C (ID#:		7	Amount of Contribution (\$)	\$25.00
_		Eagan, MN 55121			Ĺ		
8		upation / Job title (See Instructions) ce President, Client Engagement	9	Employer (See Instructions Prime Therapeutics	s) 		
	Date 12/22/2024	Full name of contributor out-of-state PAG Kueneman, Kamie Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$25.00
	•	Eagan, MN 55121 upation / Job title (See Instructions) ce President, Client Engagement	$\overline{}$	Employer (See Instructions Prime Therapeutics	<u> </u> S)		
	Date 07/05/2024	Full name of contributor out-of-state PAG McIntosh, Shereese Contributor address; City; State; Zip Code	I C (ID#:		•	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121 upation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	<u> </u> S)		
	Regional Dir	Full name of contributor out-of-state PAG McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:	Prime Therapeutics		Amount of Contribution (\$)	\$12.50
	•	upation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAG McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:			Amount of Contribution (\$)	\$12.50
		upation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 45/85 Rpt: 52/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/16/2024	5 Full name of contributor out-of-state PAC (ID#: McIntosh, Shereese 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$12.50
_		Eagan, MN 55121	_	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) rector, Medicaid Client Management	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_McIntosh, Shereese Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121	_		<u></u>		
		pation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	S)		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ McIntosh, Shereese Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$12.50
	·	pation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	<u>l</u> 5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_McIntosh, Shereese Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) rector, Medicaid Client Management		Employer (See Instructions Prime Therapeutics	5)		
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	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to comp	lete this for	n.	1	Total pages Schedule A1: Sch: 46/85 Rpt: 53/116		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Prime Thera	peutics LLC Employee State PAC				00069403		
4	Date 10/25/2024	 5 Full name of contributor out-of-star out	ate PAC (ID#: e)	7	Amount of Contribution (\$)	\$12.50	
_		Eagan, MN 55121	- 1-					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics				
	Date 11/08/2024	Full name of contributor out-of-sta McIntosh, Shereese Contributor address; City; State; Zip Cod	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
		Eagan, MN 55121						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics				
	Date 11/22/2024	Full name of contributor out-of-sta McIntosh, Shereese Contributor address; City; State; Zip Cod	ete PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
		Eagan, MN 55121						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	•	ector, Medicaid Client Management		Prime Therapeutics	,			
	Date 12/06/2024	Full name of contributor out-of-sta McIntosh, Shereese Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
	•	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics				
	Date 12/22/2024	Full name of contributor out-of-sta McIntosh, Shereese Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Regional Dir	ector, Medicaid Client Management		Prime Therapeutics				
			•					

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 47/85 Rpt: 54/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 07/05/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_		Eagan, MN 55121					
8		pation / Job title (See Instructions) Affairs Principal	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor	:			Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121			<u></u>		
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code	:		•	Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	s)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	<u>l</u> S)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID# Mendez Harper, LuGina Contributor address; City; State; Zip Code Eagan, MN 55121	:			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	s)		
	Sovernment	типат т ппора		Time Therapeulics			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 48/85 Rpt: 55/116	
2	FILER NAME Prime Thera	peutics LLC Employee State P	'AC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 09/13/2024	5 Full name of contributor Mendez Harper, LuGina6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions) Affairs Principal	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor Mendez Harper, LuGina Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	1	Employer (See Instructions	z)		
		Affairs Principal		Prime Therapeutics	۶)		
	Date 10/11/2024	Full name of contributor Mendez Harper, LuGina Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	s)		
	Date 10/25/2024	Full name of contributor Mendez Harper, LuGina Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$50.00
	·	pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor Mendez Harper, LuGina Contributor address; City; Sta Eagan, MN 55121	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	5)		
		, · · ·					

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 49/85 Rpt: 56/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 11/22/2024	 Full name of contributor out-of-state PAC Mendez Harper, LuGina Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_		Eagan, MN 55121			_		
8		pation / Job title (See Instructions) Affairs Principal	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC Mendez Harper, LuGina Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121		5 1 (2 1 1 1	<u></u>		
		pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	S)		
	Date 12/22/2024	Full name of contributor out-of-state PAC Mendez Harper, LuGina Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$50.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) Affairs Principal		Employer (See Instructions Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor out-of-state PAC Meyerson, Stuart Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$50.00
	Principal occu VP, Sales	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u>I</u> S)		
	Date 12/22/2024	Full name of contributor out-of-state PAC Moen, Christopher Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)	•	Amount of Contribution (\$)	\$15.00
	•	pation / Job title (See Instructions) r Chain and Trade		Employer (See Instructions Prime Therapeutics	5)		
	, түт , Эирріу	Chair and Trade		Time Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 50/85 Rpt: 57/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 12/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$12.50
_		Eagan, MN 55121	_		_		
8		pation / Job title (See Instructions) Management	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor				Amount of Contribution (\$)	\$5.00
	Dringing agg	Eagan, MN 55121	ı -	Employer (See Instructions	<u></u>		
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	<u>l</u> S)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	22333, 1.00		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 51/85 Rpt: 58/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	_		_		
8		pation / Job title (See Instructions) cords & Information Management (RIM)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	Eagan, MN 55121 pation / Job title (See Instructions)	_	Employer (See Instructions	·/_		
	•	cords & Information Management (RIM)		Prime Therapeutics	·)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	s)		
	5,100,01,100	and a mornauon management (time)	<u> </u>	· ····································			

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 52/85 Rpt: 59/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 11/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
8		pation / Job title (See Instructions) cords & Information Management (RIM)	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	·)		
	•	cords & Information Management (RIM)		Prime Therapeutics	P)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#:_ Neumann, Kurt Contributor address; City; State; Zip Code Eagan, MN 55121)	-	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) cords & Information Management (RIM)		Employer (See Instructions Prime Therapeutics	<u>I</u> S)		
	Date 07/05/2024	Full name of contributor out-of-state PAC (ID#:_ Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instruc	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 53/85 Rpt: 60/116	
2	FILER NAME Prime Thera	peutics LLC Employee State	PAC		3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 07/19/2024	5 Full name of contributor Neumiller, Alexzandria	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121	1				
8	Principal occu Paralegal Sr	pation / Job title (See Instructions	9	Employer (See Instructions Prime Therapeutics	s) 		
	Date 08/02/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	s)		
	Date 08/16/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	S)		
	Date 08/30/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S Eagan, MN 55121				Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	5)		
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	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 54/85 Rpt: 61/116	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Prime Thera	peutics LLC Employee State	PAC			00069403	
4	Date 09/27/2024	 Full name of contributor Neumiller, Alexzandria Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121					
8	Principal occu Paralegal Sr	pation / Job title (See Instructions	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Paralegal Sr	pation / Job title (See Instructions	s)	Employer (See Instructions Prime Therapeutics	s)		
	Date 10/25/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
	Principal occu Paralegal Sr	pation / Job title (See Instructions	(3)	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; S Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Paralegal Sr	pation / Job title (See Instructions	5)	Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	·m.	1	Total pages Schedule A1: Sch: 55/85 Rpt: 62/116	
2	FILER NAME Prime Thera	peutics LLC Employee State	PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 12/06/2024	5 Full name of contributor Neumiller, Alexzandria6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121			Ļ		
8	Principal occu Paralegal Sr	pation / Job title (See Instructions	9	Employer (See Instruction: Prime Therapeutics	s) 		
	Date 12/22/2024	Full name of contributor Neumiller, Alexzandria Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121			Ĺ		
	Principal occu Paralegal Sr	pation / Job title (See Instructions	;) 	Employer (See Instruction: Prime Therapeutics	s)		
	Date 12/22/2024	Full name of contributor Niemeyer, Lanna Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$20.00
		Eagan, MN 55121					
	VP, Office of	pation / Job title (See Instructions f the CIO	;) 	Employer (See Instruction: Prime Therapeutics	s)		
	Date 07/05/2024	Full name of contributor Palmisano, Anthony Contributor address; City; Si)		Amount of Contribution (\$)	\$95.00
	•	Eagan, MN 55121 pation / Job title (See Instructions ate General Counsel MRx	s)	Employer (See Instruction: Prime Therapeutics	<u> </u> s)		
	Date 07/19/2024	Full name of contributor Palmisano, Anthony Contributor address; City; Si Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$95.00
		pation / Job title (See Instructions ate General Counsel MRx	s)	Employer (See Instruction: Prime Therapeutics	s)		
	33330						

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 56/85 Rpt: 63/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 08/02/2024	 Full name of contributor out-of-state PAC Palmisano, Anthony Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$95.00
_		Eagan, MN 55121	- 1-				
8		pation / Job title (See Instructions) ate General Counsel MRx	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC Palmisano, Anthony Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	s)		
	Date 08/30/2024	Full name of contributor out-of-state PAC Palmisano, Anthony Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC Palmisano, Anthony Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$95.00
	•	pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 09/27/2024	Full name of contributor out-of-state PAC Palmisano, Anthony Contributor address; City; State; Zip Code Eagan, MN 55121	I C (ID#:)		Amount of Contribution (\$)	\$95.00
		pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	s)		
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	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 57/85 Rpt: 64/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 10/11/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$95.00
_	B	Eagan, MN 55121	اء	5 1 (0 1 1 1	Ĺ		
8		pation / Job title (See Instructions) ate General Counsel MRx	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor	(ID#:)	•	Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (Palmisano, Anthony Contributor address; City; State; Zip Code	(ID#:		•	Amount of Contribution (\$)	\$95.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/22/2024	Full name of contributor out-of-state PAC (Palmisano, Anthony Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$95.00
	•	pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	<u> </u> S)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (Palmisano, Anthony Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$95.00
		pation / Job title (See Instructions) ate General Counsel MRx		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 58/85 Rpt: 65/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	AC		3	Filer ID (Ethics Commission 00069403	on Filers)
4	Date 12/22/2024	5 Full name of contributor Palmisano, Anthony 6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$95.00
_		Eagan, MN 55121		5 1 (0 1 1 1			
8		pation / Job title (See Instructions) ate General Counsel MRx	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor Potts, Dustin Contributor address; City; Stat)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) ion Technology		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/25/2024	Full name of contributor Prime Therapeutics, LLC En Contributor address; City; Stat				Amount of Contribution (\$)	\$2,500.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/05/2024	Full name of contributor Renze, Mark Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) Il Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor Renze, Mark Contributor address; City; Stat Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 59/85 Rpt: 66/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/02/2024	5 Full name of contributor out-of-state PAC Renze, Mark 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	1-		L		
8		pation / Job title (See Instructions) al Planning & Analysis	9	Employer (See Instructions Prime Therapeutics	S) 		
	Date 08/16/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Deire die alle access	Eagan, MN 55121		Fanda and (Carabantus tinas	<u></u>		
	•	pation / Job title (See Instructions) al Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) al Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) al Planning & Analysis		Employer (See Instructions Prime Therapeutics	<u>I</u> 5)		
	Date 09/27/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 60/85 Rpt: 67/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Eagan, MN 55121	1-		_		
8		pation / Job title (See Instructions) Il Planning & Analysis	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Dringing age	Eagan, MN 55121		Employer (Co.) Instructions	<u></u>		
	•	pation / Job title (See Instructions) Il Planning & Analysis		Employer (See Instructions Prime Therapeutics	o)		
	Date 11/08/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) Il Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) Il Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC Renze, Mark Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$5.00
		pation / Job title (See Instructions) Il Planning & Analysis		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 61/85 Rpt: 68/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 12/22/2024	 Full name of contributor out-of-star Renze, Mark Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$5.00
_	5	Eagan, MN 55121	- la				
8		pation / Job title (See Instructions) Il Planning & Analysis	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Full name of contributor out-of-sta Root, David Contributor address; City; State; Zip Cod				Amount of Contribution (\$)	\$12.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions			
		nment Affairs		Prime Therapeutics	')		
	Date 07/19/2024	Full name of contributor out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Root, David				Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 08/16/2024	Full name of contributor out-of-sta Root, David Contributor address; City; State; Zip Cod Eagan, MN 55121	ate PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	•	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 62/85 Rpt: 69/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 08/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$12.50
_	5	Eagan, MN 55121			<u></u>		
8	AVP, Govern	pation / Job title (See Instructions) nment Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Root, David			•	Amount of Contribution (\$)	\$12.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	AVP, Govern			Prime Therapeutics	"		
	Date 09/27/2024	Full name of contributor out-of-state Root, David Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Root, David)	•	Amount of Contribution (\$)	\$12.50
	Principal occu AVP, Govern	pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Root, David	e PAC (ID#:)	•	Amount of Contribution (\$)	\$12.50
	Principal occu AVP, Govern	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	m.	1	Total pages Schedule A1: Sch: 63/85 Rpt: 70/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 11/08/2024	 Full name of contributor out-of-state out-of-state)	7	Amount of Contribution (\$)	\$12.50
_	5	Eagan, MN 55121	- la		<u></u>		
8	AVP, Govern	pation / Job title (See Instructions) nment Affairs	9	Employer (See Instructions Prime Therapeutics	<u></u>		
	Date 11/22/2024	Root, David				Amount of Contribution (\$)	\$12.50
	Dringinal occu	Eagan, MN 55121 pation / Job title (See Instructions)	1	Employer (See Instructions	·/-		
	AVP, Govern			Prime Therapeutics)		
	Date 12/06/2024	Full name of contributor out-of-state Root, David Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Root, David				Amount of Contribution (\$)	\$12.50
	Principal occu AVP, Govern	pation / Job title (See Instructions) nment Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/05/2024	Schlett, David	e PAC (ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 64/85 Rpt: 71/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 07/19/2024	 Full name of contributor out-of-schlett, David Contributor address; City; State; Zip Contributor address; City; State 			7	Amount of Contribution (\$)	\$96.00
_	Deignaignal	Eagan, MN 55121	lo.	Francis or (Con Instructions	<u></u>		
8	Chief Financ	pation / Job title (See Instructions) ial Officer	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of- Schlett, David Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$96.00
	Delicalization	Eagan, MN 55121	1	Frankrije (Cookstantiis an	$\overline{\Gamma}$		
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of- Schlett, David Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$96.00
		Eagan, MN 55121					
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	s)		
	Date 08/30/2024	Schlett, David	state PAC (ID#:			Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Schlett, David	state PAC (ID#:			Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 65/85 Rpt: 72/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	r Filers)
4	Date 09/27/2024	 Full name of contributor out-of-schlett, David Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor)	7	Amount of Contribution (\$)	\$96.00
_	Deignaignal	Eagan, MN 55121	lo.	Franks var (Caa kastu ationa	<u></u>		
8	Chief Financ	pation / Job title (See Instructions) ial Officer	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of- Schlett, David Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$96.00
		Eagan, MN 55121			<u> </u>		
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor out-of- Schlett, David Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$96.00
		Eagan, MN 55121					
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	s)		
	Date 11/08/2024	Schlett, David	state PAC (ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Schlett, David	state PAC (ID#:)		Amount of Contribution (\$)	\$96.00
	Principal occu Chief Financ	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 66/85 Rpt: 73/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 12/06/2024	 5 Full name of contributor out Schlett, David 6 Contributor address; City; State; Zip 			7	Amount of Contribution (\$)	\$96.00
_	Drivainal	Eagan, MN 55121	lo-	Francisco (Con Instructions			
8	Chief Financ	pation / Job title (See Instructions) ial Officer	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out Schlett, David Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$96.00
		Eagan, MN 55121					
	Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor out Schwans, Roxanne Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu Senior VP, S	pation / Job title (See Instructions) Supply Chain		Employer (See Instructions Prime Therapeutics	i)		
	Date 07/05/2024	Soma, John	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 07/19/2024	Full name of contributor out Soma, John Contributor address; City; State; Zip Eagan, MN 55121	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	–	5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	rm	<u> </u>	1	Total pages Schedule A1: Sch: 67/85 Rpt: 74/116	
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/02/2024	5 Full name of contributorSoma, John6 Contributor address; City; State	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121						
8	Principal occu Director of T	pation / Job title (See Instructions) raining	9		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor Soma, John Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions))	-	Employer (See Instructions	 ;)		
				Prime Therapeutics	•			
	Date 08/30/2024	Full name of contributor Soma, John Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121						
	Principal occu Director of T	pation / Job title (See Instructions) raining			Employer (See Instructions Prime Therapeutics	s)		
	Date 09/13/2024	Full name of contributor Soma, John Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code				Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions)			Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor Soma, John Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions)			Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 68/85 Rpt: 75/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 10/11/2024)	7	Amount of Contribution (\$)	\$12.50
_	<u> </u>	Eagan, MN 55121		5 1 (0 1 : "	<u></u>		
8	Director of T	pation / Job title (See Instructions) raining	9	Employer (See Instructions Prime Therapeutics			
	Date 10/25/2024	Full name of contributor out-of-s Soma, John Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$12.50
	Dringing agg	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Director of Training			Employer (See Instructions Prime Therapeutics)		
	Date 11/08/2024	Full name of contributor out-of-s Soma, John Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$12.50
		Eagan, MN 55121					
	Principal occu Director of T	pation / Job title (See Instructions) raining		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/22/2024	Soma, John				Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions) raining		Employer (See Instructions Prime Therapeutics	<u> </u> 5)		
	Date 12/06/2024	Soma, John	state PAC (ID#:			Amount of Contribution (\$)	\$12.50
	Principal occu Director of T	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 69/85 Rpt: 76/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 12/22/2024	Soma, John	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$12.50
_		Eagan, MN 55121					
8	Principal occu Director of T	pation / Job title (See Instructions) raining	9	Employer (See Instructions Prime Therapeutics	i) 		
	Date 07/05/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi				Amount of Contribution (\$)	\$6.00
	Dringing agg	Eagan, MN 55121		Employer (Coo Instructions			
	AVP, Busine	pation / Job title (See Instructions) ss Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) ss Execution		Employer (See Instructions Prime Therapeutics	i)		
	Date 08/02/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi Eagan, MN 55121	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$6.00
		pation / Job title (See Instructions) ss Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi Eagan, MN 55121	it-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
	•	pation / Job title (See Instructions) ss Execution		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 70/85 Rpt: 77/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 08/30/2024	5 Full name of contributor ou Sosinski, Kiera	p Code)	7	Amount of Contribution (\$)	\$6.00
_		Eagan, MN 55121			_		
8	Principal occu AVP, Busine	pation / Job title (See Instructions) sss Execution	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 09/13/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi)	•	Amount of Contribution (\$)	\$6.00
	Detectional	Eagan, MN 55121		Faralassa (Caralassa trasticas			
	AVP, Busine	pation / Job title (See Instructions) ss Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 09/27/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi	p Code)	•	Amount of Contribution (\$)	\$6.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) ess Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi Eagan, MN 55121	nt-of-state PAC (ID#: p Code		•	Amount of Contribution (\$)	\$6.00
	'	pation / Job title (See Instructions) ess Execution		Employer (See Instructions Prime Therapeutics	5)		
	Date 10/25/2024	Full name of contributor ou Sosinski, Kiera Contributor address; City; State; Zi Eagan, MN 55121	ut-of-state PAC (ID#: p Code)	•	Amount of Contribution (\$)	\$6.00
	·	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	,		I				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 71/85 Rpt: 78/116	
2	FILER NAME	and the LLO Franks of Chate I	240		3	Filer ID (Ethics Commission	Filers)
		peutics LLC Employee State F			L	00069403	
4	Date 11/08/2024	5 Full name of contributor Sosinski, Kiera6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$6.00
		Eagan, MN 55121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	AVP, Busine	ess Execution		Prime Therapeutics			
	Date 11/22/2024	Full name of contributor Sosinski, Kiera Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$6.00
		Eagan, MN 55121					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	AVP, Busine	ess Execution		Prime Therapeutics			
	Date 12/06/2024	Full name of contributor Sosinski, Kiera Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$6.00
		Eagan, MN 55121					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	AVP, Busine	ess Execution		Prime Therapeutics			
	Date 12/22/2024	Full name of contributor Sosinski, Kiera Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$6.00
	·	pation / Job title (See Instructions ess Execution)	Employer (See Instructions Prime Therapeutics	s)		
	Date 07/05/2024	Full name of contributor Sutton, Angela Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Government	Affairs Policy Director		Prime Therapeutics			

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 72/85 Rpt: 79/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 07/19/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121	-		Ĺ		
8		pation / Job title (See Instructions) Affairs Policy Director	9	Employer (See Instructions Prime Therapeutics	s) 		
	Date 08/02/2024	Full name of contributor out-of-state PAC (Sutton, Angela Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Dringing agg	Eagan, MN 55121		Employer (Cool patruations	<u></u>		
	Principal occupation / Job title (See Instructions) Government Affairs Policy Director			Employer (See Instructions Prime Therapeutics	»)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (Sutton, Angela Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
		pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (Sutton, Angela Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions Prime Therapeutics	<u> </u>		
	Date 09/13/2024	Full name of contributor out-of-state PAC (Sutton, Angela Contributor address; City; State; Zip Code Eagan, MN 55121	(ID#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions Prime Therapeutics	5)		
	Sovernment	Andria Folicy Director		Time merapeutics			

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 73/85 Rpt: 80/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 09/27/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121			_		
8		pation / Job title (See Instructions) Affairs Policy Director	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAG Sutton, Angela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing aggr	Eagan, MN 55121		Employer (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Government Affairs Policy Director			Employer (See Instructions Prime Therapeutics	o)		
	Date 10/25/2024	Full name of contributor out-of-state PAG Sutton, Angela Contributor address; City; State; Zip Code	C (ID#:)	•	Amount of Contribution (\$)	\$10.00
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor out-of-state PAG Sutton, Angela Contributor address; City; State; Zip Code Eagan, MN 55121)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions Prime Therapeutics	<u>l</u> S)		
	Date 11/22/2024	Full name of contributor out-of-state PAG Sutton, Angela Contributor address; City; State; Zip Code Eagan, MN 55121	C (ID#:)	•	Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions) Affairs Policy Director		Employer (See Instructions	5)		
	Government	Anans Funcy Directul		Prime Therapeutics			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 74/85 Rpt: 81/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	С		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 12/06/2024	5 Full name of contributorSutton, Angela6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Eagan, MN 55121	10	<u> </u>	<u></u>		
8		pation / Job title (See Instructions) Affairs Policy Director	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor Sutton, Angela Contributor address; City; State				Amount of Contribution (\$)	\$10.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Government Affairs Policy Director			Prime Therapeutics)		
	Date 07/05/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$30.00
		Eagan, MN 55121					
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 07/19/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; State Eagan, MN 55121)		Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; State Eagan, MN 55121	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 75/85 Rpt: 82/116	
2	FILER NAME Prime Thera	peutics LLC Employee State I	PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 08/16/2024	5 Full name of contributor Swartzberg, Lindsey6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$30.00
		Eagan, MN 55121					
8	Principal occu Government	pation / Job title (See Instructions Affairs	9	Employer (See Instruction Prime Therapeutics	ıs)		
	Date 08/30/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$30.00
	Dringinal occu	Eagan, MN 55121 pation / Job title (See Instructions		Employer (See Instruction)e)		
	Government	•		Prime Therapeutics	15)		
	Date 09/13/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$30.00
		Eagan, MN 55121					
	Principal occu Government	pation / Job title (See Instructions Affairs		Employer (See Instruction Prime Therapeutics	ıs)		
	Date 09/27/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; St Eagan, MN 55121				Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions Affairs)	Employer (See Instruction Prime Therapeutics	ıs)		
	Date 10/11/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; St Eagan, MN 55121	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions Affairs)	Employer (See Instruction Prime Therapeutics	ıs)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 76/85 Rpt: 83/116	
2	FILER NAME Prime Thera	peutics LLC Employee State F	PAC		3	Filer ID (Ethics Commission 00069403	n Filers)
4	Date 10/25/2024	5 Full name of contributor Swartzberg, Lindsey6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
_		Eagan, MN 55121			Ĺ		
8	Principal occu Government	pation / Job title (See Instructions) Affairs	9	Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; Sta			•	Amount of Contribution (\$)	\$30.00
	Principal occu	Eagan, MN 55121 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	<u>s)</u>		
	Government			Prime Therapeutics	۰)		
	Date 11/22/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Eagan, MN 55121					
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/06/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; Sta Eagan, MN 55121)	•	Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions) Affairs		Employer (See Instructions Prime Therapeutics	5)		
	Date 12/22/2024	Full name of contributor Swartzberg, Lindsey Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$30.00
	Principal occu Government	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Sovemment	, mans		Time Therapeutics			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 77/85 Rpt: 84/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 07/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.50
_		Eagan, MN 55121	_	5 1 (0 1 1 1			
8		pation / Job title (See Instructions) nformation Management Analyst	9	Employer (See Instructions Prime Therapeutics	s) 		
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#:_ Tam, Brian Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121			Ĺ		
	-	pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Tam, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.50
		Eagan, MN 55121					
		pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121)	•	Amount of Contribution (\$)	\$2.50
	•	pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121				Amount of Contribution (\$)	\$2.50
	•	pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
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MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 78/85 Rpt: 85/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 09/13/2024			7	Amount of Contribution (\$)	\$2.50	
_		Eagan, MN 55121	_	5 1 (0 1 1 1	_		
8		pation / Job title (See Instructions) nformation Management Analyst	9	Employer (See Instructions Prime Therapeutics	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Tam, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50			
		Eagan, MN 55121			<u></u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Records & Information Management Analyst Prime Therapeutics		S)				
	Date 10/11/2024				Amount of Contribution (\$)	\$2.50	
		Eagan, MN 55121					
		pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121		•	Amount of Contribution (\$)	\$2.50		
	•	pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/08/2024 Tam, Brian Contributor address; City; State; Zip Code Eagan, MN 55121		•	Amount of Contribution (\$)	\$2.50		
	•	pation / Job title (See Instructions) nformation Management Analyst		Employer (See Instructions Prime Therapeutics	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 79/85 Rpt: 86/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 11/22/2024			7	Amount of Contribution (\$)	\$2.50	
_		Eagan, MN 55121	_		<u></u>		
8		pation / Job title (See Instructions) nformation Management Analyst	9	Employer (See Instructions Prime Therapeutics	5)		
Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Tam, Brian Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50			
		Eagan, MN 55121			_		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Records & Information Management Analyst Prime Therapeutics		S)				
	Date 12/22/2024			•	Amount of Contribution (\$)	\$2.50	
		Eagan, MN 55121					
Principal occupation / Job title (See Instructions) Records & Information Management Analyst Employer (See Instruction Prime Therapeutics			5)				
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2024 Taylor, Jennifer Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$12.50		
		Employer (See Instructions Prime Therapeutics	<u>1 </u>				
	Date Full name of contributor out-of-state PAC (ID#:) 07/05/2024 Thompson, Hannah Contributor address; City; State; Zip Code Eagan, MN 55121		•	Amount of Contribution (\$)	\$5.00		
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 80/85 Rpt: 87/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 07/19/2024	e 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121					
8		pation / Job title (See Instructions) rnment Affairs Policy Analyst	9	Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/02/2024 Thompson, Hannah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Dringing ogg	Eagan, MN 55121		Employer (See Instructions	<u>,,</u>		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Government Affairs Policy Analyst Prime Therapeutics		o)				
	Date 08/16/2024			•	Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121					
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 08/30/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 109/13/2024 Thompson, Hannah Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$5.00		
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 81/85 Rpt: 88/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 09/27/2024	e 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121					
8		pation / Job title (See Instructions) rnment Affairs Policy Analyst	9	Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/11/2024 Thompson, Hannah Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5.00		
	Dringinal occu	Eagan, MN 55121		Employer (See Instructions	·/-		
	Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst Employer (See Instructions) Prime Therapeutics			·)			
	Date 10/25/2024			•	Amount of Contribution (\$)	\$5.00	
		Eagan, MN 55121					
		pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date 11/08/2024	Date Full name of contributor out-of-state PAC (ID#:)		-	Amount of Contribution (\$)	\$5.00	
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/22/2024 Thompson, Hannah Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$5.00		
	•	pation / Job title (See Instructions) rnment Affairs Policy Analyst		Employer (See Instructions Prime Therapeutics	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 82/85 Rpt: 89/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PAC			3	Filer ID (Ethics Commission 00069403	Filers)
4	Date 12/06/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$5.00	
_		Eagan, MN 55121	1-		_		
8		pation / Job title (See Instructions) rnment Affairs Policy Analyst	9	Employer (See Instructions Prime Therapeutics	s) 		
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2024 Thompson, Hannah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Dringing aggr	Eagan, MN 55121		Employer (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst Employer (See Instruction Prime Therapeutics			5)			
	Date 12/22/2024	Full name of contributor out-of-state PAC (ID#:) Van Buren, Amy Contributor address; City; State; Zip Code		-	Amount of Contribution (\$)	\$40.00	
		Eagan, MN 55121					
Principal occupation / Job title (See Instructions) VP & Chief of Staff Employer (See Instructions) Prime Therapeutics		Employer (See Instructions Prime Therapeutics	5)				
	Date 07/05/2024					Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions Prime Therapeutics	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 07/19/2024 Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$25.00		
	Principal occu Senior Legal	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Somor Logar			Therapeutics			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains how to	o complete this forr	m.	1	Total pages Schedule A1: Sch: 83/85 Rpt: 90/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	С		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 08/02/2024	te 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
_		Eagan, MN 55121	- la	5 1 (0 1 : 1	<u></u>		
8	Senior Legal	pation / Job title (See Instructions) I Counsel	9	Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/16/2024 Van Buren, Daphne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Eagan, MN 55121	<u> </u>	5 1 (0 1 1 "	<u></u>		
	Principal occupation / Job title (See Instructions) Senior Legal Counsel Employer (See Instruction Prime Therapeutics		5)				
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:) Van Buren, Daphne Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Eagan, MN 55121					
Principal occupation / Job title (See Instructions) Senior Legal Counsel Employer (See Instructions) Prime Therapeutics		Employer (See Instructions Prime Therapeutics	5)				
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:) Van Buren, Daphne Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
Eagan, MN 55121 Principal occupation / Job title (See Instructions) Senior Legal Counsel Employer (See Instructions) Prime Therapeutics		Employer (See Instructions Prime Therapeutics	<u> </u> 5)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/27/2024 Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$25.00		
	Principal occu Senior Legal	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	5)		
	Somor Logar						

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 84/85 Rpt: 91/116	
2	FILER NAME Prime Thera	peutics LLC Employee State PA	С		3	Filer ID (Ethics Commission 00069403	ı Filers)
4	Date 10/11/2024	te 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
_		Eagan, MN 55121	- Io				
8	Senior Legal	pation / Job title (See Instructions) I Counsel	9	Employer (See Instructions Prime Therapeutics	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/25/2024 Van Buren, Daphne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Eagan, MN 55121	1				
	Principal occupation / Job title (See Instructions) Senior Legal Counsel Employer (See Instruction Prime Therapeutics		5)				
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:) Van Buren, Daphne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Eagan, MN 55121					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Legal Counsel Prime Therapeutics		Employer (See Instructions Prime Therapeutics	i)				
	Date 11/22/2024	Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)	\$25.00
		Employer (See Instructions Prime Therapeutics	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Van Buren, Daphne Contributor address; City; State; Zip Code Eagan, MN 55121			Amount of Contribution (\$)	\$25.00		
	Principal occu Senior Legal	pation / Job title (See Instructions)		Employer (See Instructions Prime Therapeutics	i)		
	Somor Logar			T.inio Therapoulos			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 85/85 Rpt: 92/116		
2	FILER NAME Prime Thera	peutics LLC Employee State PAC		3	Filer ID (Ethics Commission 00069403	Filers)	
4	Date 12/22/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Eagan, MN 55121 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>			
	Senior Lega		Prime Therapeutics	-,			
Date Full name of contributor out-of-state PAC (ID#:) 12/22/2024 Walz, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.50			
		Eagan, MN 55121					
	Principal occupation / Job title (See Instructions) VP, Employer Sales & Retention, Health Plan Markets Employer (See Instruction Prime Therapeutics			s)			
Date Full name of contributor out-of-state PAC (ID#:) 12/22/2024 White, Stephen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00			
		Eagan, MN 55121					
		pation / Job title (See Instructions) ce President, Health Plan Markets	Employer (See Instructions Prime Therapeutics	S)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2024 Wilcox, Bill Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$12.50	
	Principal occu	Eagan, MN 55121	Employer (See Instructions	;) 			
Principal occupation / Job title (See Instructions) VP, Corporate Controller Employer (See Instruction Prime Therapeutics			>)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/24 Rpt: 93/116	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
07/18/2024	Ally Seifried for State Senate 2022
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	3402 Heritage Hills Parkway
Expenditure from corporate funds	Claremore, OK 74019
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
11/02/2024	Armstrong for Governor
	3
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1515 Burnt Boat Drive
Expenditure from	Suite C, Box 112
corporate funds	Bismarck, ND 58503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	'
Date	Payee name
10/12/2024	Ballard for Nebraska
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6801 NW 2nd St
Expenditure from corporate funds	Lincoln, NE 68521
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/24 Rpt: 94/116	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
10/25/2024	Beverly Gossage for Kansas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	9325 Evening Star Terrace
Expenditure from corporate funds	Eudora, KS 66025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/09/2024	Blanco for State Senate
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 27074
Expenditure from corporate funds	El Paso, TX 79926
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serious ever	
Date	Payee name
11/02/2024	Bosch for House
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	4117 Downing Street
Expenditure from corporate funds	Bismarck, ND 58504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCHARLINE TO DETICITE C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/24 Rpt: 95/116	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
12/09/2024	Caroline Harris Davilla Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/09/2024	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 94806
Expenditure from	
corporate funds	Lubbock, TX 79493
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 10/25/2024	Payee name Chris Croft for Kansas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8909 W, 148th Terrace
Expenditure from	
corporate funds	Overland Park, KS 66221
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Continuutori
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total manage Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 4/24 Rpt: 96/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC 3 Filer ID (Ethics Commission Filers) 00069403
4 Date	5 Payee name
12/02/2024	Chris Turner Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 182093
Expenditure from corporate funds	Arlington, TX 76096
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/12/2024	Christi Gillespie for Senate 2024
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	4013 South Palm Ave W
Expenditure from corporate funds	Broken Arrow, OK 74011
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	Christian Manuel Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3801 Turtlecreek Dr.
Ψ500.00	3001 Tuttlecreek Dr.
Expenditure from corporate funds	Port Arthur, TX 77642
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total name Oct. 11. 51	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 5/24 Rpt: 97/116	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
11/02/2024	Claire Cory for Senate
6 Amount (t)	·
6 Amount (\$)	
\$250.00	PO Box 5094
Expenditure from	
corporate funds	Grand Forks, ND 58206
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/02/2024	Clayton Fegley Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	10801 240th St. W
\$250.00	10601 240til St. W
Expenditure from	
corporate funds	Berthold, ND 58718
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Date	Payee name
10/25/2024	Committee to Elect Bill Sutton
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	215 W Park St
Expenditure from	Cordner KC 66020
corporate funds	Gardner, KS 66030
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	┨

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 6/24 Rpt: 98/116	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
08/07/2024	Committee to Elect Javier Martinez
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	PO Box 25491
Expenditure from corporate funds	Albuquerque, NM 87125
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
08/20/2024	Committee to Elect Megan Egbert
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1630 S Rand St
Expenditure from corporate funds	Boise, ID 83709
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/08/2024	Dale Patten Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	PO Box 812
Ψ200.00	1.0.000.012
Expenditure from	West of the ND FOOT 4
corporate funds	Watford City, ND 58854
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadala E4.	G. File D. MANE
1 Total pages Schedule F1: Sch: 7/24 Rpt: 99/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC 3 Filer ID (Ethics Commission Filers) 00069403
4 Date	5 Payee name
11/02/2024	Dan Ruby Campaign Committee
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	4620 46th Avenue, NW
Expenditure from corporate funds	Minot, ND 58703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Contribution
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	Dean Martin for Senate 2024
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	2136 S Florence PI
— Foresteller of forest	
Expenditure from corporate funds	Tulsa, OK 74114
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/02/2024	Dennis Paul Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	626 1/2 Barringer Ln., Ste. A
Expenditure from corporate funds	Webster, TX 77598
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Continuutori
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 8/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
07/16/2024	Diane Larson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	2525 Larson Road
Expenditure from corporate funds	Bismarck, ND 58504
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/20/2024	Ed Diehl for Oregon
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	991 Liberty Street SE
Expenditure from corporate funds	Salem, OR 97302
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Contribution
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/12/2024	Eliot Bostar for Legislature
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3800 S 42nd St
Expenditure from corporate funds	Lincoln, NE 68506
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee L	-ood/Beverage Expense Sift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/24 Rpt:	F	Prime Thera	peutics LLC Em	ployee Sta	te PAC				00069403	
4	Date	5 F	Payee name								
	09/05/2024	E	Emily O'Brie	n Campaign Co	mmittee						
6	Amount (\$)	7 F	Payee address	s; City;	State;	Zip Co	ode				
	\$200.00	5	5021 W. Elm	Court							
Ш	Expenditure from corporate funds	(Grand Forks	, ND 58203							
8	PURPOSE	(a) (Category (See	Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Mad				=		de of Texas. Comp	
		'	Candidate/O	fficeholder/Politi	ical Commi	ittee		Contribution	I, IX,	officeholder living	expense
								Continuation			
9	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	0	ffice sou	<u>l</u> ıght			Office he	Id
	expenditure to benefit C/Oł						J				
	Date	F	Payee name								
	12/02/2024	L	Erin Zwiener	for Texas Hous	se						
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	ode				
	\$500.00	F	PO Box 184								
_	1 Evnenditure from										
L	Expenditure from corporate funds	[Oriftwood, T	X 78619							
	PURPOSE	(a) (Category (See	Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	(Contributions	s/Donations Mad	de By			_		de of Texas. Comp	
	-	'	Jandidate/O	fficeholder/Politi	ical Commi	ttee		Contribution	ı, IX,	officeholder living	expense
								Continuation			
	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	<u>l</u> ıght			Office he	ld
	expenditure to benefit C/OI	H									
	Date	F	Payee name								
L	07/19/2024	L F	Friends of A	aron Reinhardt 2	2024				_		
	Amount (\$)	F	Payee addres	s; City;	State;	Zip Co	ode				
	\$1,250.00	7	707 E. 131st	St. S.							
	Expenditure from corporate funds		Jenks, OK 7	4037							
	PURPOSE	(a) (Category (See	Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			/Donations Mag				ш		de of Texas. Comp	
		'	Jandidate/O	fficeholder/Politi	ical Commi	ttee		Contribution	ı, TX,	officeholder living	expense
								Continuation			
_	Complete ONLY if direct	L C:	andidate/Offic	eholder name	<u> </u>	ffice sou	l Jaht			Office he	Id
	expenditure to benefit C/O				O		9.10			2.1100 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (or processes and installation)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
10/12/2024	Friends of Dave Rader 2024
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	8921 S Hudson Ave
Expenditure from corporate funds	Tulsa, OK 74137
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/16/2024	Friends of David Hogue
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	6811 27th Street, NW
Ψ200.00	OOII Zitti Oticet, ivv
Expenditure from corporate funds	Minot, ND 58703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
6 :	
Date	Payee name
07/16/2024	Friends of Josh Boschee
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	736 Elm St N #8
Expenditure from corporate funds	Fargo, ND 58102
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LADITORL	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
08/20/2024	Friends of Rob Nosse
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	3321 SE 20th Avenue
Expenditure from corporate funds	Portland, OR 97202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/OI	<u> </u>
Date	Payee name
10/12/2024	George for Nebraska
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5643 Walker Ave
Expenditure from corporate funds	Lincoln, NE 68507
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/24/2024	Hawkins for Kansas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	9406 Harvest Ln
Expenditure from	
corporate funds	Wichita, KS 67212-4218
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Contribution
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	<u>_</u>
Sch: 12/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
11/02/2024	Jay Fisher Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	1828 15th St. SW
Expenditure from corporate funds	Minot, ND 58701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/24/2024	Jeff Pittman for Kansas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1108 South Broadway
+=,	
Expenditure from corporate funds	Leavenworth, KS 66048
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/09/2024	John Bryant Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 140977
Expenditure from corporate funds	Dallas, TX 78259
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 13/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC 3 Filer ID (Ethics Commission Filers) 00069403
4 Date	5 Payee name
11/02/2024	Jonathan Warrey Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	1321 Morningside Dr
Expenditure from	Casselton, ND 58012
corporate funds	Cassellon, ND 30012
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/20/2024	Joshua D Wheeler Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1849 S Foothill Road
Expenditure from corporate funds	Ammon, ID 83401
•	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/12/2024	Julie McIntosh for State Senate 2024
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	9757 N 50th St W
Expenditure from corporate funds	Porter, OK 74454
-	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 14/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
08/20/2024	Kate Lieber for State Senate
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	3321 SE 20th Avenue
Ψ1,230.00	3321 3E 20th Avenue
Expenditure from	
corporate funds	Portland, OR 97202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/16/2024	Kent Weston Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	10771 Hwy 20
Expenditure from corporate funds	Sarles, ND 58372
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/19/2024	Kristen for Oklahoma 2022
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	4001 Birdneck
Expenditure from	Edmond, OK 73025
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Continuation
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
12/02/2024	Lacey Hull for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
10/24/2024	Larry Alley for Kansas
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	517 Quail Nest Rd
, ,	
Expenditure from corporate funds	Winfield, KS 67156
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4
Date	Payee name
08/20/2024	Marco For Idaho
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	646 Crestview Ave
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Idaho Falls, ID 83402
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_,, _,,,,,,,	Candidate/Officeholder/Political Committee
	Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Polling Expense
Salaries/Wanes/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
08/20/2024	Mark Harris For Senate
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code Po Box 473
Expenditure from corporate funds	Soda Springs, ID 83276
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/16/2024	Mary Adams Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	1339 South 19th Street
Expenditure from corporate funds	Grand Forks, ND 58201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/02/2024	Matthew Ruby Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	315 4th Street, NW
Expenditure from corporate funds	Minot, ND 58703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Condidate/Officeholder/Politica Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
10/12/2024	Mike Jacobson for Legislature
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	3020 W Leota St
Expenditure from corporate funds	North Platte, NE 69101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/20/2024	Mitchell For Idaho
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 8897
Expenditure from	
corporate funds	Moscow, ID 83843
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/04/2024	Montana Democratic Legislative Campaign Committee
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	303 N. Ewing Street
Ψ1,000.00	303 N. Ewing Street
Expenditure from	Holona MT F0601
corporate funds	Helena, MT 59601
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 18/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403		
4 Date	5 Payee name		
07/08/2024	Montana Republican Legislative Campaign Committee		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	P.O. Box 6656		
Expenditure from corporate funds	Helena, MT 59604		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	-		
Date	Payee name		
07/19/2024	North Dakota Senate Republican Caucus		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	24401 62nd Avenue		
Expenditure from corporate funds	McKenzie, ND 58572		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experience to serious ever			
Date	Payee name		
07/08/2024	Paul Thomas Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	PO Box 162		
Expenditure from corporate funds	Velva, ND 58790		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experialitie to beliefft C/OI			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total marca Cabadula F1.	2 Files ID (Files Commission Files)
1 Total pages Schedule F1: Sch: 19/24 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
12/09/2024	Plesa for Texas
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 796311
Expenditure from corporate funds	Dallas, TX 75248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct expenditure to benefit C/Oi	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/16/2024	Porter for House
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$200.00	4604 Borden Harbor Dr. SE
Expenditure from corporate funds	Mandan, ND 58554
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/02/2024	Randy Burckhard Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1837 15th St SW
Expenditure from corporate funds	Minot, ND 58701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 20/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403		
4 Date	5 Payee name		
08/20/2024	Roberts For Idaho		
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1235 Kinghorn Rd		
Expenditure from corporate funds	Pocatello, ID 83201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Contribution		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
07/16/2024	Robin Weisz for House Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	2639 First Street SE		
Expenditure from corporate funds	Hurdsfield, ND 58451-9029		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Contribution		
Commission ONLL V if discost	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· ·		
Date	Payee name		
08/20/2024	Rubel For Idaho		
Amount (\$)	Payee address; City; State; Zip Code		
\$250.00	2750 E. Migratory Dr		
Expenditure from corporate funds	Boise, ID 83706		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverag Gift/Awards/M Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel in District Travel Out of Dis	quipment & Related Expense
			Joinpiete this form.	1	(=11: 0 : : =11)
1 Total pages Schedule F1: Sch: 21/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC 3 Filer ID (Ethics Commission Filers) 00069403				(Ethics Commission Filers)
4 Date	5 Payee name				
11/02/2024	Scott Louser Campai	gn			
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1718 Birch Place				
Expenditure from corporate funds	Minot, ND 58701				
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder na I	ame Office so	ought	Office he	eld
Date	Payee name				
07/16/2024	Scott Meyer Campaig	ın Committee			
Amount (\$)	Payee address; City; State; Zip Code				
\$200.00	1624 7th Avenue, N				
Expenditure from corporate funds	Grand Forks, ND 582	203			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder na	ame Office so	ought	Office he	eld
Date	Payee name				
11/02/2024	Sean Cleary Campaig	gn			
Amount (\$) \$250.00	Payee address; City 924 E Capitol Avenue	•	Code		
Expenditure from corporate funds	Bismarck, ND 58501				
PURPOSE	(a) Category (See Categories I	listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder na	ame Office so	ought	Office he	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (out or contract) and listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
08/20/2024	Shirts for Idaho
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 509
Expenditure from	
corporate funds	Weiser, ID 83672
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
	Payee name
08/20/2024	Tawna Sanchez for Oregon
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3435 NE Lombard
Expenditure from	
corporate funds	Portland, OR 97211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Condidate/Office helds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Todd Hunter Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	445 Cape Henry Dr.
Expenditure from	
corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Contribution
Operation Children	Our didn't (Office helder game)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:			
Sch: 23/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403		
4 Date	5 Payee name		
12/02/2024	Toni Rose Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	P.O. Box 41867		
Expenditure from corporate funds	Dallas, TX 75241		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/25/2024	Ty Masterson for Kansas		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	1539 S Phyllis Lane		
- Famous Marie Co			
Expenditure from corporate funds	Andover, KS 67002		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Data	Davies same		
Date 10/12/2024	Payee name Von Gillern for Nebraska		
Amount (\$) \$500.00	Payee address; City; State; Zip Code		
\$500.00	18370 Honeysuckle Dr		
Expenditure from corporate funds	Elkhorn, NE 68022		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate/Officeroider/Political Committee Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	1		
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/24 Rpt:	Prime Therapeutics LLC Employee State PAC 00069403
4 Date	5 Payee name
11/02/2024	Vote for Kristin Roers
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	5466 48th Ave S
Expenditure from corporate funds	Fargo, ND 58104
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/25/2024	Will Carpenter - 75th District of Kansas
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6965 SW 18th St
Expenditure from corporate funds	El Dorado, KS 67042
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	