

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069403	2 Total pages filed: 116
3 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 Eagan, MN 55121	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Michael <hr/> NICKNAME LAST SUFFIX Kolar	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 Eagan, MN 55121-1204	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 Eagan, MN 55121-1204	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (612) 777-5647	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC	13 Filer ID (Ethics Commission Filers) 00069403
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cesar Blanco State Senator
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,100.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 43,450.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,639.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Michael Kolar

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 116

12 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		13 Filer ID (Ethics Commission Filers) 00069403
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Caroline Harris Davila State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Charles Perry State Senator 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Chris Turner State Representative 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.)		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC	13 Filer ID (Ethics Commission Filers) 00069403
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Todd Hunter State Representative
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Toni Rose State Representative
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

SUBTOTALS - GPAC

17 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		18 Filer ID (Ethics Commission Filers) 00069403
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,100.95
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,450.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/85 Rpt: 8/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/85 Rpt: 9/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/85 Rpt: 10/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/85 Rpt: 11/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		9 Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgard, Terry <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Corporate Development & Treasury		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/85 Rpt: 16/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/85 Rpt: 17/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bliss, Brooke <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Catal <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Vice President, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Vice President, IT Innovation		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/85 Rpt: 18/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/85 Rpt: 19/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/85 Rpt: 20/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Vice President, Pharmaceutical Trade Relations		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutts, Stephen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, Specialty and Clinical Solutions		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/85 Rpt: 21/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/85 Rpt: 22/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/85 Rpt: 23/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin	Amount of Contribution (\$) \$62.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/85 Rpt: 24/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) VP, Human Resources		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/85 Rpt: 25/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) VP, Human Resources		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/85 Rpt: 26/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) VP, Human Resources		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feigal, Erin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/85 Rpt: 27/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		9 Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/85 Rpt: 28/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		9 Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gleason, Patrick <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Outcomes		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/85 Rpt: 29/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$37.50
8 Principal occupation / Job title (See Instructions) AVP, Network Relations		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/85 Rpt: 30/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henshaw, Jarrod	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Senior Vice President		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Brand Marketing Strategy		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/85 Rpt: 31/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/85 Rpt: 32/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/85 Rpt: 33/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/85 Rpt: 34/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/85 Rpt: 35/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Marketing & Communications Officer		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/85 Rpt: 36/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/85 Rpt: 37/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/85 Rpt: 38/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/85 Rpt: 39/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Product Oversight		9 Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/85 Rpt: 40/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Product Oversight		9 Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/85 Rpt: 41/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.15
8 Principal occupation / Job title (See Instructions) SVP, General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/85 Rpt: 42/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	7 Amount of Contribution (\$) \$96.15
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) SVP, General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael	Amount of Contribution (\$) \$96.15
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/85 Rpt: 43/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.15
8 Principal occupation / Job title (See Instructions) SVP, General Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/85 Rpt: 44/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/85 Rpt: 45/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/85 Rpt: 46/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Melanie	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Pharmacy Network Pricing		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/85 Rpt: 47/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Government Services		9 Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/85 Rpt: 48/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Manager, Government Services		9 Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Linsey	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Manager, Government Services		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/85 Rpt: 49/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/85 Rpt: 50/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/85 Rpt: 51/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kueneman, Kamie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Vice President, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/85 Rpt: 52/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/85 Rpt: 53/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		9 Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/85 Rpt: 54/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/85 Rpt: 55/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/85 Rpt: 56/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerson, Stuart <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP, Sales		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moen, Christopher <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) AVP, Supply Chain and Trade		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/85 Rpt: 57/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Dorinda <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) VP, Account Management		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/85 Rpt: 58/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		9 Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/85 Rpt: 59/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		9 Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Kurt <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director, Records & Information Management (RIM)		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/85 Rpt: 60/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Paralegal Sr		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/85 Rpt: 61/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Paralegal Sr		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/85 Rpt: 62/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Paralegal Sr		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemeyer, Lanna <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) VP, Office of the CIO		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/85 Rpt: 63/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$95.00
8 Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$95.00
8 Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/85 Rpt: 65/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$95.00
8 Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Dustin <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Information Technology		Employer (See Instructions) Prime Therapeutics
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prime Therapeutics, LLC Employee PAC (PrimePAC) <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/85 Rpt: 66/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/85 Rpt: 67/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/85 Rpt: 68/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renze, Mark <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/85 Rpt: 69/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) AVP, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/85 Rpt: 70/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David	7 Amount of Contribution (\$) \$12.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/85 Rpt: 71/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/85 Rpt: 72/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	7 Amount of Contribution (\$) \$96.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	Amount of Contribution (\$) \$96.00
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Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/85 Rpt: 73/116
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4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlett, David <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwans, Roxanne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Senior VP, Supply Chain		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/85 Rpt: 74/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/85 Rpt: 75/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/85 Rpt: 76/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Director of Training		9 Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$6.00
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Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics

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Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosinski, Kiera <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Angela <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Government Affairs Policy Director		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Government Affairs Policy Director		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/85 Rpt: 83/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartzberg, Lindsey	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
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Contributor address; City; State; Zip Code Eagan, MN 55121		
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Contributor address; City; State; Zip Code Eagan, MN 55121		
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/85 Rpt: 84/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Records & Information Management Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
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Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/85 Rpt: 85/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian	7 Amount of Contribution (\$) \$2.50
6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Records & Information Management Analyst		9 Employer (See Instructions) Prime Therapeutics
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Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian	Amount of Contribution (\$) \$2.50
Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
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Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tam, Brian <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Records & Information Management Analyst		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jennifer <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, COO		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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8 Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
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4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Hannah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Senior Government Affairs Policy Analyst		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Amy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) VP & Chief of Staff		Employer (See Instructions) Prime Therapeutics
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/85 Rpt: 90/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/85 Rpt: 91/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/85 Rpt: 92/116
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Daphne <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Legal Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Deborah <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Employer Sales & Retention, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Assistant Vice President, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Corporate Controller		Employer (See Instructions) Prime Therapeutics

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/24 Rpt: 93/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 07/18/2024	5 Payee name Ally Seifried for State Senate 2022
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6 Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3402 Heritage Hills Parkway Claremore, OK 74019
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2024	Payee name Armstrong for Governor
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1515 Burnt Boat Drive Suite C, Box 112 Bismarck, ND 58503
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2024	Payee name Ballard for Nebraska
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6801 NW 2nd St Lincoln, NE 68521
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/24 Rpt: 94/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/25/2024	5 Payee name Beverly Gossage for Kansas	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9325 Evening Star Terrace Eudora, KS 66025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Blanco for State Senate	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 27074 El Paso, TX 79926	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2024	Payee name Bosch for House	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4117 Downing Street Bismarck, ND 58504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/24 Rpt: 95/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 12/09/2024	5 Payee name Caroline Harris Davilla Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2024	Payee name Charles Perry Campaign
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 94806 Lubbock, TX 79493
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name Chris Croft for Kansas
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8909 W, 148th Terrace Overland Park, KS 66221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/24 Rpt: 97/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 11/02/2024	5 Payee name Claire Cory for Senate
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 5094 Grand Forks, ND 58206
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/02/2024	Payee name Clayton Fegley Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10801 240th St. W Berthold, ND 58718
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name Committee to Elect Bill Sutton
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 215 W Park St Gardner, KS 66030
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/24 Rpt: 98/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 08/07/2024	5 Payee name Committee to Elect Javier Martinez
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6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 25491 Albuquerque, NM 87125
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/20/2024	Payee name Committee to Elect Megan Egbert
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1630 S Rand St Boise, ID 83709
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/08/2024	Payee name Dale Patten Campaign
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 812 Watford City, ND 58854
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/24 Rpt: 99/116	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 11/02/2024	5 Payee name Dan Ruby Campaign Committee
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4620 46th Avenue, NW Minot, ND 58703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/25/2024	Payee name Dean Martin for Senate 2024
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2136 S Florence Pl Tulsa, OK 74114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2024	Payee name Dennis Paul Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 1/2 Barringer Ln., Ste. A Webster, TX 77598
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 07/16/2024	5 Payee name Diane Larson Campaign
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6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2525 Larson Road Bismarck, ND 58504
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/20/2024	Payee name Ed Diehl for Oregon
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 991 Liberty Street SE Salem, OR 97302
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/12/2024	Payee name Eliot Bostar for Legislature
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3800 S 42nd St Lincoln, NE 68506
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 09/05/2024	5 Payee name Emily O'Brien Campaign Committee
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6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5021 W. Elm Court Grand Forks, ND 58203
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/02/2024	Payee name Erin Zwiener for Texas House
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 184 Driftwood, TX 78619
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/19/2024	Payee name Friends of Aaron Reinhardt 2024
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Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 707 E. 131st St. S. Jenks, OK 74037
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 10/12/2024	5 Payee name Friends of Dave Rader 2024	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8921 S Hudson Ave Tulsa, OK 74137	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Friends of David Hogue	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6811 27th Street, NW Minot, ND 58703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Friends of Josh Boschee	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 736 Elm St N #8 Fargo, ND 58102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
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4 Date 11/02/2024	5 Payee name Jay Fisher Campaign
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1828 15th St. SW Minot, ND 58701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/24/2024	Payee name Jeff Pittman for Kansas
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1108 South Broadway Leavenworth, KS 66048
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/09/2024	Payee name John Bryant Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 140977 Dallas, TX 78259
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/20/2024	5 Payee name Kate Lieber for State Senate	
6 Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3321 SE 20th Avenue Portland, OR 97202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Kent Weston Campaign	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10771 Hwy 20 Sarles, ND 58372	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Kristen for Oklahoma 2022	
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4001 Birdneck Edmond, OK 73025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/20/2024	5 Payee name Mark Harris For Senate	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Po Box 473 Soda Springs, ID 83276	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Mary Adams Campaign	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1339 South 19th Street Grand Forks, ND 58201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2024	Payee name Matthew Ruby Campaign Committee	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 315 4th Street, NW Minot, ND 58703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/08/2024	5 Payee name Montana Republican Legislative Campaign Committee	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 6656 Helena, MT 59604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name North Dakota Senate Republican Caucus	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 24401 62nd Avenue McKenzie, ND 58572	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Paul Thomas Campaign	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 162 Velva, ND 58790	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/02/2024	5 Payee name Scott Louser Campaign	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1718 Birch Place 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/16/2024	Payee name Scott Meyer Campaign Committee	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1624 7th Avenue, N Grand Forks, ND 58203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2024	Payee name Sean Cleary Campaign	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 924 E Capitol Avenue Bismarck, ND 58501	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/20/2024	5 Payee name Shirts for Idaho	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 509 Weiser, ID 83672	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2024	Payee name Tawna Sanchez for Oregon	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3435 NE Lombard Portland, OR 97211	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2024	Payee name Todd Hunter Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry Dr. Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/24 Rpt:	2 FILER NAME Prime Therapeutics LLC Employee State PAC	3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/02/2024	5 Payee name Toni Rose Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 41867 Dallas, TX 75241	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Ty Masterson for Kansas	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1539 S Phyllis Lane Andover, KS 67002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2024	Payee name Von Gillern for Nebraska	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 18370 Honeysuckle Dr Elkhorn, NE 68022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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