

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: 143	
3 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 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 NICKNAME LAST SUFFIX Kolar			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 Eagan, MN 55121-1204			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2900 Ames Crossing Road Suite 200 Eagan, MN 55121-1204			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (612) 777-5647			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 24,016.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,656.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mr. Michael Kolar

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		18 Filer ID (Ethics Commission Filers) 00069403
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,016.45
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/139 Rpt: 4/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	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) Vice President, 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: 2/139 Rpt: 5/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/28/2025	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) Vice President, Sales		9 Employer (See Instructions) Prime Therapeutics
Date 03/14/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 04/11/2025	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) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 04/25/2025	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) Vice President, 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: 3/139 Rpt: 6/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Vice President, Sales		9 Employer (See Instructions) Prime Therapeutics
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra 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: 4/139 Rpt: 7/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra 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 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra 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 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

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Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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 Gov Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/14/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/139 Rpt: 11/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
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Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Gov Affairs		Employer (See Instructions) Prime Therapeutics
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Policy Advisor, State Gov Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/139 Rpt: 12/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bliss, Brooke <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
8 Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		9 Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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 (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	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 (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	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 (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 02/28/2025	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 (\$) <div style="text-align: right;">\$12.50</div>
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics

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Date 03/28/2025	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 04/11/2025	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 04/25/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		9 Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	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 06/20/2025	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 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
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: 12/139 Rpt: 15/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken 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 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken 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 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken 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 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken 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 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken 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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/139 Rpt: 16/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken <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 01/03/2025	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) VP, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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) VP, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	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) VP, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	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) VP, Data Strategy/Execution		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: 14/139 Rpt: 17/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Catal <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) VP, Data Strategy/Execution		9 Employer (See Instructions) Prime Therapeutics
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Date 03/28/2025	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) VP, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 04/11/2025	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) VP, Data Strategy/Execution		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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: 15/139 Rpt: 18/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
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Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
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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: 19/139 Rpt: 22/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$10.00
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Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
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Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/139 Rpt: 23/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/139 Rpt: 24/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/139 Rpt: 25/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Government Affairs Principal		9 Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shelae <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing Principal		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		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: 23/139 Rpt: 26/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily <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, Pharmaceutical Trade Relations		9 Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		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
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Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		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: 25/139 Rpt: 28/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) VP, Pharmaceutical Trade Relations		9 Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutts, Stephen Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SVP, Specialty and Clinical Solutions		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutts, Stephen Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/139 Rpt: 30/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutts, Stephen <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SVP, Specialty and Clinical Solutions		9 Employer (See Instructions) Prime Therapeutics
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cutts, Stephen <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
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Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Warren <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics

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4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
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Date 01/03/2025	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
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Date 06/20/2025	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) AVP, Health Outcomes		Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		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: 42/139 Rpt: 45/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		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: 43/139 Rpt: 46/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruhn, Gina <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) SVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		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: 44/139 Rpt: 47/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/28/2025	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 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) AVP, Network Relations		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: 45/139 Rpt: 48/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/09/2025	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
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Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
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Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$37.50
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Brand Marketing Strategy		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: 46/139 Rpt: 49/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Brand Marketing Strategy		9 Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Brand Marketing Strategy		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Brand Marketing Strategy		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Brand Marketing Strategy		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Brand Marketing Strategy		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: 47/139 Rpt: 50/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch, Kayla <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) <div style="text-align: right;">\$12.50</div>
8 Principal occupation / Job title (See Instructions) Brand Marketing Strategy		9 Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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 (\$) <div style="text-align: right;">\$2.50</div>
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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 (\$) <div style="text-align: right;">\$2.50</div>
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	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 (\$) <div style="text-align: right;">\$2.50</div>
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	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 (\$) <div style="text-align: right;">\$2.50</div>
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: 48/139 Rpt: 51/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 04/25/2025	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: 49/139 Rpt: 52/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 05/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Sr. Legal Administrator		9 Employer (See Instructions) Prime Therapeutics
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$2.50
Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	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 01/03/2025	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: 50/139 Rpt: 53/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/17/2025	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 01/31/2025	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 02/14/2025	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
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Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/139 Rpt: 54/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/28/2025	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
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Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/139 Rpt: 55/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/06/2025	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 06/20/2025	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 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CMCO		Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CMCO		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CMCO		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: 53/139 Rpt: 56/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CMCO		9 Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) CMCO		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: 54/139 Rpt: 57/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Jennifer 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) CMCO		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) CMCO		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: 55/139 Rpt: 58/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 01/03/2025	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) VP, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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) VP, State Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 01/31/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 03/14/2025	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
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Date 03/28/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics
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Date 01/03/2025	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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
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Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mertel, Matthew <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85260	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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 01/17/2025	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
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4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moen, Christopher <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) AVP, Supply Chain and Trade		9 Employer (See Instructions) Prime Therapeutics
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SCHEDULE A1

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4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David 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 05/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
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Principal occupation / Job title (See Instructions) Senior VP, Supply Chain		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Linda <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP & Chief of Staff		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Linda <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.00
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Principal occupation / Job title (See Instructions) AVP, Business Execution		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 05/09/2025	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
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Date 06/06/2025	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/139 Rpt: 132/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Amy <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) VP & Chief of Staff		9 Employer (See Instructions) Prime Therapeutics
Date 01/03/2025	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 01/17/2025	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
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Principal occupation / Job title (See Instructions) Senior Legal Counsel		Employer (See Instructions) Prime Therapeutics
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vice, Jeremy <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) AVP, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 01/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walz, Deborah <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, Employer Sales /Retention/Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
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8 Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 01/17/2025	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
Date 01/31/2025	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:
Sch: 139/139 Rpt: 142/143

2 FILER NAME

Prime Therapeutics LLC Employee State PAC

3 Filer ID (Ethics Commission Filers)
00069403

4 Date
05/09/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Wilcox, Bill

7 Amount of Contribution (\$)
\$12.50

6 Contributor address; City; State; Zip Code

Eagan, MN 55121

8 Principal occupation / Job title (See Instructions)

VP, Corporate Controller

9 Employer (See Instructions)

Prime Therapeutics

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Wilcox, Bill

Amount of Contribution (\$)
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Contributor address; City; State; Zip Code

Eagan, MN 55121

Principal occupation / Job title (See Instructions)

VP, Corporate Controller

Employer (See Instructions)

Prime Therapeutics

Date
06/06/2025

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Wilcox, Bill

Amount of Contribution (\$)
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Contributor address; City; State; Zip Code

Eagan, MN 55121

Principal occupation / Job title (See Instructions)

VP, Corporate Controller

Employer (See Instructions)

Prime Therapeutics

Date
06/20/2025

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Wilcox, Bill

Amount of Contribution (\$)
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Contributor address; City; State; Zip Code

Eagan, MN 55121

Principal occupation / Job title (See Instructions)

VP, Corporate Controller

Employer (See Instructions)

Prime Therapeutics

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 143/143
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 03/04/2025	5 Name of person from whom amount is received Beverly Gossage for Kansas	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Eudora, KS 66025	
	7 Purpose for which amount is received Void of 10/25/2024 Disbursement	
Date 01/03/2025	Name of person from whom amount is received Blanco for State Senate	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code El Paso, TX 79926	
	Purpose for which amount is received Void of 12/09/2024 Disbursement	