

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|--|--|---|---|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00069403 | 2 Total pages filed: 234 |
| 3 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 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 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 07/01/2025 THROUGH 12/31/2025 | | |
| 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 | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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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 (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.) | |
| | | |

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|-------------------------------|---|--------------|
| 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) | \$ 28,892.95 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 26,400.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 38,399.20 |
| 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
3 of 234

| | | | |
|---|--|--------------------------------|----------------------------|
| 17 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC | | 18 Filer ID 00069403 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 28,892.95 |
| 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 | \$ | 26,400.00 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 250.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/220 Rpt: 4/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 07/03/2025 | 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 |
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| Date 07/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustadt, Ramsey <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Vice President | | Employer (See Instructions) Prime Therapeutics |
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| Date 07/03/2025 | 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 |
| Date 07/18/2025 | 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 |
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MONETARY POLITICAL CONTRIBUTIONS

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| Date 07/03/2025 | 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 Government Affairs | | Employer (See Instructions) Prime Therapeutics |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/26/2025 | 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 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/220 Rpt: 42/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 10/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Warren <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$52.50 |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/220 Rpt: 43/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Warren 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$52.50 |
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| Date 07/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) AVP, Strategic Proposals | | Employer (See Instructions) Prime Therapeutics |
| Date 07/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| Date 07/03/2025 | 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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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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| Date 07/03/2025 | 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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 48/220 Rpt: 51/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| Date 12/19/2025 | 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 | | Employer (See Instructions) Prime Therapeutics |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 213/220 Rpt: 216/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 07/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Plan Markets | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 07/18/2025 | 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 08/01/2025 | 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 08/15/2025 | 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 08/29/2025 | 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 214/220 Rpt: 217/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Plan Markets | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen 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 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen 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 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen 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 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 215/220 Rpt: 218/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Assistant Vice President, Health Plan Markets | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 12/05/2025 | 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 12/19/2025 | 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 07/03/2025 | 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 07/18/2025 | 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 216/220 Rpt: 219/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 08/01/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill <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, Corporate Controller | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 08/15/2025 | 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 08/29/2025 | 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 09/12/2025 | 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 09/26/2025 | 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 217/220 Rpt: 220/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 10/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) VP, Corporate Controller | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill 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 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill 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 11/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill 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 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill 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 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 218/220 Rpt: 221/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 12/19/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill <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, Corporate Controller | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 07/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 08/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 08/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 08/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | 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: 219/220 Rpt: 222/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 09/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 10/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 10/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 11/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney <hr/> Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | 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: 220/220 Rpt: 223/234 |
| 2 FILER NAME Prime Therapeutics LLC Employee State PAC | | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney 6 Contributor address; City; State; Zip Code Eagan, MN 55121 | 7 Amount of Contribution (\$) \$12.50 |
| 8 Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | 9 Employer (See Instructions) Prime Therapeutics |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | Employer (See Instructions) Prime Therapeutics |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney Contributor address; City; State; Zip Code Eagan, MN 55121 | Amount of Contribution (\$) \$12.50 |
| Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights | | 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: 1/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/08/2025 | 5 Payee name Amy Regier for State Senate | |
| 6 Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 10466 Kalispell, MT 59904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Ben Fuhrman Legislative Race | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 478 Shelby, ID 83274 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/08/2025 | Payee name Bill Coleman for State Senate | |
| Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 600 Michael Lane Ponca City, OK 74604 | |
| 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 <u>ONLY</u> 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: 2/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Payee name Camille for Idaho | |
| 6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2317 Terrace Dr Caldwell, ID 83605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Committee to Elect Brooke Green | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3727 E. Shady Glen 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/18/2025 | Payee name Committee to Elect Javier Martinez | |
| Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 25491 Albuquerque, NM 87125 | |
| 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 <u>ONLY</u> 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: 3/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Payee name Committee to Elect Megan Egbert | |
| 6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1630 S Rand St Boise, ID 83709 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Ed Diehl for Oregon | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 991 Liberty Street SE Salem, OR 97302 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/19/2025 | Payee name Florida Insurance Council (FIC) Political Committee | |
| Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 150 S. Monroe St., Suite 206 Tallahassee, FL 32301 | |
| 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 <u>ONLY</u> 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: 4/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/08/2025 | 5 Payee name Friends of Aaron Reinhardt 2024 | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 707 E. 131st St. S. Jenks, OK 74037 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Friends of Chris Gebhard | |
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1451 Quentin Road Suite 400, Box 248 Lebanon, PA 17042 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Friends of Deb Patterson | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3321 SE 20th Avenue Portland, OR 97202 | |
| 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 <u>ONLY</u> 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: 5/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Payee name Friends of Hai Pham | |
| 6 Amount (\$) \$1,000.00 <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Friends of Joe Pittman | |
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 457 Harrisburg, PA 17108 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Friends of Rob Nosse | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3321 SE 20th Avenue Portland, OR 97202 | |
| 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 <u>ONLY</u> 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: 6/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Payee name Josh Keyser for Idaho | |
| 6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 1602 Meridian, ID 83680 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Joshua D Wheeler Campaign | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1849 S Foothill Road Ammon, ID 83401 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Julie VanOrden for Idaho | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 425 S. 1100 W Pingree, ID 83262 | |
| 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 <u>ONLY</u> 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: 7/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/08/2025 | 5 Payee name Kristen for Oklahoma 2022 | |
| 6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4001 Birdneck Edmond, OK 73025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Lori McCann for Idaho | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1027 Bryden Avenue Lewiston, ID 83501 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Marco For Idaho | |
| Amount (\$) \$250.00 <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 <u>ONLY</u> 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: 8/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 11/21/2025 | 5 Payee name Mark Harris For Senate | |
| 6 Amount (\$) \$250.00 <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/08/2025 | Payee name Mark Tedford for State Representative 2024 | |
| Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6310 E. 105th St Tulsa, OK 74137 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/19/2025 | Payee name Montana Democratic Legislative Campaign Committee | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 303 N. Ewing Street Helena, MT 59601 | |
| 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 <u>ONLY</u> 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: 9/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 08/19/2025 | 5 Payee name Montana Republican Legislative Campaign Committee | |
| 6 Amount (\$) \$1,500.00 <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/08/2025 | Payee name Noland for SD 6 | |
| Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 1852 Bigfork, MT 59911 | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | 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 <u>ONLY</u> 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: 10/10 Rpt: | 2 FILER NAME Prime Therapeutics LLC Employee State PAC | 3 Filer ID (Ethics Commission Filers) 00069403 |
| 4 Date 09/08/2025 | 5 Payee name Todd Gollihare for State Senate District 12 | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 790 Lakeview Court Sapulpa, OK 74066 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/21/2025 | Payee name Ward-Engelking for Senate | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3578 S. Crosspoint Ave 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 234/234

2 FILER NAME

Prime Therapeutics LLC Employee State PAC

3 Filer ID (Ethics Commission Filers)
00069403

4 Date

07/31/2025

5 Name of person from whom amount is received

Matthew Ruby Campaign Committee

8 Amount (\$)

\$250.00

6 Address of person from whom amount is received; City; State; Zip Code

Minot, ND 58703

7 Purpose for which amount is received

Void of 11/2/24 Disbursement

☒ Check if political contribution returned to filer