

**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: 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 # <input type="text"/> Amount <input type="text"/> 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 Mr.	FIRST Michael	MI			
	NICKNAME	LAST Kolar	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2900 Ames Crossing Road Suite 200 Eagan, MN 55121-1204		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Prime Therapeutics LLC Employee State PAC		13 FILER ID (Ethics Commission Filers) 00069403
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)	\$ 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 (Ethics Commission Filers) 00069403
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	7 Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
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MONETARY POLITICAL CONTRIBUTIONS

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4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		9 Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashlock, Jessica	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Client Engagement		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustadt, Ramsey	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustadt, Ramsey	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Augustadt, Ramsey	7 Amount of Contribution (\$) \$12.50
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4 Date 07/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Vice President, Sales		9 Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Vice President, Sales		9 Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Drew	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, Sales		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 08/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Legal Assistant		9 Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartosh, Sandra	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	7 Amount of Contribution (\$) \$12.50	
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Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
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	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics	
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	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 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	7 Amount of Contribution (\$) \$12.50	
	6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		9 Employer (See Instructions) Prime Therapeutics	
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics	
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
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Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 12/220 Rpt: 15/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC			3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	7 Amount of Contribution (\$) \$12.50	
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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Caitlin	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Policy Advisor, State Government Affairs		Employer (See Instructions) Prime Therapeutics	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics	
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics	
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		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: 13/220 Rpt: 16/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		9 Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		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: 14/220 Rpt: 17/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		9 Employer (See Instructions) Prime Therapeutics
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessert, Rachel	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Solutions Marketing		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bliss, Brooke	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		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: 15/220 Rpt: 18/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/18/2025	5 Full name of contributor Bliss, Brooke	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		9 Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor Bliss, Brooke	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor Bliss, Brooke	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor Bliss, Brooke	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor Bliss, Brooke	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Specialty Pharmacy Leader		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/220 Rpt: 19/234
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#: _____) Bodmer, Ken	7 Amount of Contribution (\$) \$96.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Chief Financial Officer		9 Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 09/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken	7 Amount of Contribution (\$) \$96.00
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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 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodmer, Ken	7 Amount of Contribution (\$) \$96.00
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	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, IT Innovation		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/220 Rpt: 22/234
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#: _____) Browne, Amy	7 Amount of Contribution (\$) \$12.50
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	Contributor address; City; State; Zip Code Eagan, MN 55121	
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: 20/220 Rpt: 23/234
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#: _____) Browne, Amy	7 Amount of Contribution (\$) \$12.50
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	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, IT Innovation		Employer (See Instructions) Prime Therapeutics
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, IT Innovation		Employer (See Instructions) Prime Therapeutics
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, IT Innovation		Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browne, Amy	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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: 21/220 Rpt: 24/234
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#: _____) Browne, Amy	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Vice President, IT Innovation		9 Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/220 Rpt: 25/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/220 Rpt: 26/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Principal, Government Affairs		9 Employer (See Instructions) Prime Therapeutics
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantor-Weinberg, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Principal, Government Affairs		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/220 Rpt: 27/234	
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403	
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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: 25/220 Rpt: 28/234	
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 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 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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
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Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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: 26/220 Rpt: 29/234	
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403	
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caruso, Marcus 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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00	
	Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00	
	Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/220 Rpt: 30/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive	
9 Employer (See Instructions) Prime Therapeutics	Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121
	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive	
Employer (See Instructions) Prime Therapeutics	Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121
	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive	
Employer (See Instructions) Prime Therapeutics		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC			3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin	7 Amount of Contribution (\$) \$25.00	
	6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		9 Employer (See Instructions) Prime Therapeutics	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chatlani, Navin	Amount of Contribution (\$) \$25.00	
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	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Vice President & Chief Audit Executive		Employer (See Instructions) Prime Therapeutics	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Marketing Principal		Employer (See Instructions) Prime Therapeutics	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Marketing Principal		9 Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	Amount of Contribution (\$) \$5.00
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Principal occupation / Job title (See Instructions) Marketing Principal		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	Amount of Contribution (\$) \$5.00
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	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Marketing Principal		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	Amount of Contribution (\$) \$5.00
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Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shaelae	Amount of Contribution (\$) \$5.00
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4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shelae	7 Amount of Contribution (\$) \$5.00
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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Shelae	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Marketing Principal		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Vice President, Pharmaceutical Trade Relations		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colaizy, Emily	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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MONETARY POLITICAL CONTRIBUTIONS

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	Principal occupation / Job title (See Instructions) Vice President, Pharmaceutical Trade Relations	Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	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 07/18/2025	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

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MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Assistant VP, Operational Compliance		Employer (See Instructions) Prime Therapeutics
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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#: _____) Davis, Warren	Amount of Contribution (\$) \$52.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/220 Rpt: 41/234	
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4 Date 08/01/2025	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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/220 Rpt: 42/234	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/220 Rpt: 43/234
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8 Principal occupation / Job title (See Instructions) VP, Financial Planning & Analysis		9 Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

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Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		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: 42/220 Rpt: 45/234
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#: _____) DeClerck, Geri	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		9 Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeClerck, Geri	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Strategic Proposals		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, 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: 43/220 Rpt: 46/234
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#: _____) Dean, Kimberly	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
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Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, 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: 44/220 Rpt: 47/234
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#: _____) Dean, Kimberly	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
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Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Kimberly	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Health Plan Markets		9 Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dessner, Alicia	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) AVP, Assistant General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edlin, Arlene	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, 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: 48/220 Rpt: 51/234
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#: _____) Edlin, Arlene	7 Amount of Contribution (\$) \$25.00	
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Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edlin, Arlene	Amount of Contribution (\$) \$25.00	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 49/220 Rpt: 52/234
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#: _____) Edlin, Arlene	7 Amount of Contribution (\$) \$25.00	
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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 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edlin, Arlene	7 Amount of Contribution (\$) \$25.00
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8 Principal occupation / Job title (See Instructions) VP, Sales		9 Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) President, Markets		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) President, Markets		Employer (See Instructions) Prime Therapeutics
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Principal occupation / Job title (See Instructions) President, 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: 51/220 Rpt: 54/234
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4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael	7 Amount of Contribution (\$) \$96.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/220 Rpt: 55/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael	7 Amount of Contribution (\$) \$96.00
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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Michael	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) President, Markets		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		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: 53/220 Rpt: 56/234
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#: _____) Estes, Michelle	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		9 Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Medi-Cal Operations		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: 54/220 Rpt: 57/234
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#: _____) Estes, Michelle	7 Amount of Contribution (\$) \$25.00
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Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$25.00
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Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Michelle	Amount of Contribution (\$) \$25.00
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/220 Rpt: 58/234
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#: _____) Estes, Michelle 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$25.00
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Principal occupation / Job title (See Instructions) VP, Human Resources		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanley, Megan	Amount of Contribution (\$) \$37.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Network Relations		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/220 Rpt: 74/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) VP, Account Management		9 Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/220 Rpt: 75/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) VP, Account Management		9 Employer (See Instructions) Prime Therapeutics
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tina	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Jessica	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Head, Treasury and Corporate Insurance		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC			3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Jessica 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50	
8 Principal occupation / Job title (See Instructions) Head, Treasury and Corporate Insurance		9 Employer (See Instructions) Prime Therapeutics	
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Jessica Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50	
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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Jessica Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50	
Principal occupation / Job title (See Instructions) Head, Treasury and Corporate Insurance		Employer (See Instructions) Prime Therapeutics	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine 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 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Nadine 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

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Principal occupation / Job title (See Instructions) Sr. Legal Administrator		Employer (See Instructions) Prime Therapeutics
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Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illetschko, Jim	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illetschko, Jim	Amount of Contribution (\$) \$12.50	
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MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 77/220 Rpt: 80/234
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#: _____) Illetschko, Jim 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50	
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Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illetschko, Jim 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: 78/220 Rpt: 81/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC			3 Filer ID (Ethics Commission Filers) 00069403
4 Date 12/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illetschko, Jim	7 Amount of Contribution (\$) \$12.50	
	6 Contributor address; City; State; Zip Code Eagan, MN 55121		
8 Principal occupation / Job title (See Instructions) AVP, Enterprise Architecture		9 Employer (See Instructions) Prime Therapeutics	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illetschko, Jim	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Enterprise Architecture		Employer (See Instructions) Prime Therapeutics	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Quality		Employer (See Instructions) Prime Therapeutics	
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Quality		Employer (See Instructions) Prime Therapeutics	
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Quality		Employer (See Instructions) Prime Therapeutics	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/220 Rpt: 82/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
	8 Principal occupation / Job title (See Instructions) VP, Quality	9 Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) VP, Quality	Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) VP, Quality	Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame 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: 80/220 Rpt: 83/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC			3 Filer ID (Ethics Commission Filers) 00069403
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	7 Amount of Contribution (\$) \$12.50	
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Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Quality		Employer (See Instructions) Prime Therapeutics	
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaco, Tame	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, Quality		Employer (See Instructions) Prime Therapeutics	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/220 Rpt: 84/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Charles	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Managing Counsel		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/220 Rpt: 85/234
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#: _____) Johnson, Charles	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) Managing Counsel		9 Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

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	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) VP, IT Enterprise Technology Transformation & Operations		Employer (See Instructions) Prime Therapeutics	

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SCHEDULE A1

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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Deanna	Amount of Contribution (\$) \$25.00
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8 Principal occupation / Job title (See Instructions) AVP, Product Oversight		9 Employer (See Instructions) Prime Therapeutics	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00	
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Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kishel Geiger, Kimberly Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$10.00	
Principal occupation / Job title (See Instructions) AVP, Product Oversight		Employer (See Instructions) Prime Therapeutics	
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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolar, Michael Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$96.15
Principal occupation / Job title (See Instructions) SVP, General Counsel		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Cam Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP, CISO		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kracke, Cam Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
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Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaFayette, James Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Senior Director, Account Management	Employer (See Instructions) Prime Therapeutics

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/220 Rpt: 117/234
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#: _____) Loftus, Matt 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) AVP, Product Development & Innovation	9 Employer (See Instructions) Prime Therapeutics
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftus, Matt Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) AVP, Product Development & Innovation	Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftus, Matt Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) AVP, Product Development & Innovation	Employer (See Instructions) Prime Therapeutics
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftus, Matt Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) AVP, Product Development & Innovation	Employer (See Instructions) Prime Therapeutics
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	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) AVP, Product Development & Innovation		Employer (See Instructions) Prime Therapeutics	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
Principal occupation / Job title (See Instructions) Regional Director, Medicaid Client Management		Employer (See Instructions) Prime Therapeutics	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Shereese	Amount of Contribution (\$) \$12.50	
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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 11/07/2025	5 Full name of contributor Mendez Harper, LuGina	7 Amount of Contribution (\$) \$50.00
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Date 11/21/2025	Full name of contributor Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 12/05/2025	Full name of contributor Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor Mendez Harper, LuGina	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Government Affairs Principal		Employer (See Instructions) Prime Therapeutics
Date 07/03/2025	Full name of contributor Meyerson, Stuart	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Sales		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerson, Stuart	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) VP, Sales		9 Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerson, Stuart	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) VP, Sales		Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyerson, Stuart	Amount of Contribution (\$) \$50.00
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MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moen, Christopher	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP, Supply Chain and Trade		Employer (See Instructions) Prime Therapeutics
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	Principal occupation / Job title (See Instructions) VP, Account Management	Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Brenda Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Clinical Program Development Director	Employer (See Instructions) Prime Therapeutics
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Brenda Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Clinical Program Development Director	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: 129/220 Rpt: 132/234
2 FILER NAME Prime Therapeutics LLC Employee State PAC		3 Filer ID (Ethics Commission Filers) 00069403
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Brenda	7 Amount of Contribution (\$) \$12.50
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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexandria	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics

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4 Date 07/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Paralegal Sr		9 Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
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Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal Sr		Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumiller, Alexzandria Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$5.00
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<p>Date 12/19/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Jeff</p>	<p>Amount of Contribution (\$) \$12.50</p>	
	<p>Contributor address; City; State; Zip Code Eagan, MN 55121</p>		
<p>Principal occupation / Job title (See Instructions) VP, Corporate Communications</p>		<p>Employer (See Instructions) Prime Therapeutics</p>	
<p>Date 11/07/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozhogin, Heather</p>	<p>Amount of Contribution (\$) \$12.50</p>	
	<p>Contributor address; City; State; Zip Code Eagan, MN 55121</p>		
<p>Principal occupation / Job title (See Instructions) AVP, Actuarial Forecasting and Trade Analytics</p>		<p>Employer (See Instructions) Prime Therapeutics</p>	
<p>Date 11/21/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozhogin, Heather</p>	<p>Amount of Contribution (\$) \$12.50</p>	
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<p> </p>			

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SCHEDULE A1

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4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozhogin, Heather 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50	
8 Principal occupation / Job title (See Instructions) AVP, Actuarial Forecasting and Trade Analytics		9 Employer (See Instructions) Prime Therapeutics	
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmisano, Anthony Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00	
Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		Employer (See Instructions) Prime Therapeutics	
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MONETARY POLITICAL CONTRIBUTIONS

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MONETARY POLITICAL CONTRIBUTIONS

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Date 12/05/2025	Full name of contributor Palmisano, Anthony	Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
	Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		
Date 12/19/2025	Full name of contributor Palmisano, Anthony	Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$95.00
	Principal occupation / Job title (See Instructions) SVP Associate General Counsel MRx		
Date 08/01/2025	Full name of contributor Patel, Sam	Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Head of Sales, Health Plan and Employers		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) VP, Clinical Outcomes, Analytics, and Reporting		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romano, Christine	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) AVP PBM Ops Shared Services		Employer (See Instructions) Prime Therapeutics
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romano, Christine	Amount of Contribution (\$) \$12.50
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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, David	Amount of Contribution (\$) \$12.50
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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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Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Prime Therapeutics
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 12/19/2025	Full name of contributor Sheedy, Daniel Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics
Date 07/18/2025	Full name of contributor Smith, Barbie Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) VP, Account Management		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

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Principal occupation / Job title (See Instructions) Director of Training		Employer (See Instructions) Prime Therapeutics

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4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John 6 Contributor address; City; State; Zip Code Eagan, MN 55121	7 Amount of Contribution (\$) \$12.50
	8 Principal occupation / Job title (See Instructions) Director of Training	9 Employer (See Instructions) Prime Therapeutics
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soma, John Contributor address; City; State; Zip Code Eagan, MN 55121	Amount of Contribution (\$) \$12.50
	Principal occupation / Job title (See Instructions) Director of Training	Employer (See Instructions) Prime Therapeutics
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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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4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Amy	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
8 Principal occupation / Job title (See Instructions) VP & Chief of Staff		9 Employer (See Instructions) Prime Therapeutics
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Buren, Amy	Amount of Contribution (\$) \$40.00
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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

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Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stephen	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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: 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 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 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 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 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 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: 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	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	
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Bill	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	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	
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	Amount of Contribution (\$) \$12.50	
	Contributor address; City; State; Zip Code Eagan, MN 55121		
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	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
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	Amount of Contribution (\$) \$12.50
	Contributor address; City; State; Zip Code Eagan, MN 55121	
Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights		Employer (See Instructions) Prime Therapeutics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: Sch: 220/220 Rpt: 223/234</p>
<p>2 FILER NAME Prime Therapeutics LLC Employee State PAC</p>			<p>3 Filer ID (Ethics Commission Filers) 00069403</p>
<p>4 Date 11/21/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney</p>	<p>6 Contributor address; City; State; Zip Code Eagan, MN 55121</p>	<p>7 Amount of Contribution (\$) \$12.50</p>
<p>8 Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights</p>		<p>9 Employer (See Instructions) Prime Therapeutics</p>	
<p>Date 12/05/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney</p>	<p>Contributor address; City; State; Zip Code Eagan, MN 55121</p>	<p>Amount of Contribution (\$) \$12.50</p>
<p>Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights</p>		<p>Employer (See Instructions) Prime Therapeutics</p>	
<p>Date 12/19/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoch, Whitney</p>	<p>Contributor address; City; State; Zip Code Eagan, MN 55121</p>	<p>Amount of Contribution (\$) \$12.50</p>
<p>Principal occupation / Job title (See Instructions) Senior Director, Customer & Marketing Insights</p>		<p>Employer (See Instructions) Prime Therapeutics</p>	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code PO Box 10466 Kalispell, MT 59904	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Ben Fuhriman Legislative Race	
Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 478 Shelby, ID 83274	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Bill Coleman for State Senate	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 600 Michael Lane Ponca City, OK 74604	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code 2317 Terrace Dr Caldwell, ID 83605	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Committee to Elect Brooke Green	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3727 E. Shady Glen Dr Boise, ID 83706	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Committee to Elect Javier Martinez	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 25491 Albuquerque, NM 87125	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code 1630 S Rand St Boise, ID 83709	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Ed Diehl for Oregon	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 991 Liberty Street SE Salem, OR 97302	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Florida Insurance Council (FIC) Political Committee	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 150 S. Monroe St., Suite 206 Tallahassee, FL 32301	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code 707 E. 131st St. S. Jenks, OK 74037	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 11/21/2025	Payee name Friends of Chris Gebhard	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1451 Quentin Road Suite 400, Box 248 Lebanon, PA 17042	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 11/21/2025	Payee name Friends of Deb Patterson	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3321 SE 20th Avenue Portland, OR 97202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; 3321 SE 20th Avenue Portland, OR 97202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Friends of Joe Pittman	
Amount (\$) \$1,500.00	Payee address; City; PO Box 457 Harrisburg, PA 17108	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Friends of Rob Nosse	
Amount (\$) \$1,000.00	Payee address; City; 3321 SE 20th Avenue Portland, OR 97202	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 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	7 Payee address; City; State; Zip Code PO Box 1602 Meridian, ID 83680	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Joshua D Wheeler Campaign	Office sought Office held
Date 11/21/2025	Payee name Joshua D Wheeler Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1849 S Foothill Road Ammon, ID 83401	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Julie VanOrden for Idaho	Office sought Office held
Date 11/21/2025	Payee name Julie VanOrden for Idaho	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 425 S. 1100 W Pingree, ID 83262	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Julie VanOrden for Idaho	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code 4001 Birdneck Edmond, OK 73025	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Lori McCann for Idaho	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1027 Bryden Avenue Lewiston, ID 83501	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Marco For Idaho	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 646 Crestview Ave Idaho Falls, ID 83402	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 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	7 Payee address; City; State; Zip Code Po Box 473 Soda Springs, ID 83276	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Mark Tedford for State Representative 2024	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 6310 E. 105th St Tulsa, OK 74137	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Montana Democratic Legislative Campaign Committee	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 303 N. Ewing Street Helena, MT 59601	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code P.O. Box 6656 Helena, MT 59604	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Noland for SD 6	
Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 1852 Bigfork, MT 59911	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Rubel For Idaho	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 2750 E. Migratory Dr Boise, ID 83706	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code 790 Lakeview Court Sapulpa, OK 74066	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ward-Engelking for Senate	Office sought Office held
Date 11/21/2025	Payee name Ward-Engelking for Senate	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3578 S. Crosspoint Ave Boise, ID 83706	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ward-Engelking for Senate	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	<input checked="" type="checkbox"/> Check if political contribution returned to filer