

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

ADDRESS (number and street)

1305 CORPORATE CENTER DR

☐ (Check if address is changed)

EAGAN

CITY ▲

MN

STATE ▲

55121

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

PrimePAC@PrimeTherapeutics.com

Optional Second E-Mail Address

DRoot@PrimeTherapeutics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 11 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00498105

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kolar, Michael, , ,

Signature of Treasurer Kolar, Michael, , ,

[Electronically Filed]









Date

MM / DD / YYYY
04 / 11 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Root, David, , ,

Mailing Address

1305 Corporate Center Dr

Eagan

MN

55121

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

804

834

2626

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Kolar, Michael, , ,

Mailing Address

1305 Corporate Center Dr

Eagan

MN

55121

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

612

777

5647

Full Name of
Designated
Agent

Root, David, , ,

Mailing Address

1305 Corporate Center Dr

Eagan

CITY

MN

STATE

55121

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

804

834

2626

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

225 S 6TH ST STE 2500

MINNEAPOLIS

CITY

MN

STATE

55402-4658

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mahmood, Kassim, A, ,

Mailing Address

1305 Corporate Center Dr

Eagan

MN

55121

-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

PAC Board President

Telephone number 612 - 777 - 5878

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C