PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC) 1305 CORPORATE CENTER DR ADDRESS (number and street) (Check if address is changed) **EAGAN** 55121 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PrimePAC@PrimeTherapeutics.com (Check if address is changed) Optional Second E-Mail Address DRoot@PrimeTherapeutics.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00498105 FEC IDENTIFICATION NUMBER 3. X 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. Kolar, Michael, , , Type or Print Name of Treasurer Kolar, Michael, , , [Electronically Filed] 04 2017 Signature of Treasurer Date

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			For further information contact:
ı	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	· · · · · · ·			Local 202-694-1100

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	COMMITTEE	Page <b>2</b>				
	e Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliat	Office Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co						
(d)		(Democratic, Republican, etc.) Party				
Political A	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
Con	nmittees Participating in Joint Fundraiser					
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.						

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FEC Form 1 (Revis	sed 02/2009)		Page <b>3</b>
Write or Type Committee N			
PRIME THEF	RAPEUTICS LLC EMI	PLOYEE PAC (	PRIMEPAC)
6. Name of Any Connecto	ed Organization, Affiliated Committee, J	oint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE			
Mailing Address			
Mailing Address			
			1 1 1 1
	CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC Sponsor
<ol><li>Custodian of Records: books and records.</li></ol>	Identify by name, address (phone number	optional) and position of th	e person in possession of committee
Root,	David, , ,		
	1305 Corporate Center Dr		
Mailing Address			
	<sub>I</sub> Eagan	, MN	55121
Title or Position	CITY	STATE	ZIP CODE
Assistant Treasurer		Telephone number	804 - 834 - 2626
Treasurer: List the name any designated agent (e.	e and address (phone number optional) .g., assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Kolar, of Treasurer	Michael, , ,		
Mailing Address	1305 Corporate Center Dr		
	Eagan	MN	55121
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	612 777 - 5647

FEC Form	1 (Revised 02/2009)		Page <b>4</b>			
Full Name of Designated Agent	Root, David, , ,					
Mailing Address	1305 Corporate Center Dr					
		RAN!	55404			
	Eagan CITY	STATE	55121 ZIP CODE			
Title or Position Assistant Treasu	ırer 	mber 80	4   -   834   -   2626			
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	MN L	55402-4658			
	CITY	STATE	ZIP CODE			
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY	STATE	ZIP CODE			

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Mahmood, Kassim, A,, Full Name 1305 Corporate Center Dr Mailing Address Eagan MN 55121 Title or Position CITY # **STATE** ZIP CODE **PAC Board President** 777 612 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number