

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

ADDRESS (number and street) 1305 CORPORATE CENTER DR
Check if different than previously reported. (ACC) EAGAN MN 55121

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00498105 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Aaron Rodriguez

Signature of Treasurer Aaron Rodriguez [Electronically Filed] Date 07 / 12 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="46166.47"/>	<input type="text" value="46166.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50027.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6656.50"/>	<input type="text" value="12564.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="56683.58"/>	<input type="text" value="58730.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4097.02"/>	<input type="text" value="6143.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52586.56"/>	<input type="text" value="52586.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3882.50	5188.00
(ii) Unitemized	2774.00	7376.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6656.50	12564.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6656.50	12564.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6656.50	12564.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6656.50	12564.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	97.02	1143.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	97.02	1143.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4097.02	6143.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4097.02	6143.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6656.50	12564.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6656.50	12564.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	97.02	1143.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	97.02	1143.91

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Terry Baumgard
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.7258

Amount of Each Receipt this Period **25.00**

Memo Item Payroll Deduction

B. Terry Baumgard
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 20 / 2016**

Transaction ID : SA11AI.7318

Amount of Each Receipt this Period **25.00**

Memo Item Payroll Deduction

C. Terry Baumgard
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.7368

Amount of Each Receipt this Period **25.00**

Memo Item Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **75.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Terry Baumgard
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation VP Corporate Development
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.7419

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

B. John Beardsley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation VP Strategy
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.7259

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

c. John Beardsley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation VP Strategy
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.7319

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. John Beardsley		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7369
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP Strategy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00

Full Name (Last, First, Middle Initial) B. John Beardsley		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7420
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP Strategy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Rob Behler		Date of Receipt MM / DD / YYYY 04 / 08 / 2016 Transaction ID : SA11AI.7109
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50

SUBTOTAL of Receipts This Page (optional).....▶	87.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Rob Behler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.7156
 Amount of Each Receipt this Period 37.50
 Memo Item
 Payroll deduction

B. Rob Behler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.7260
 Amount of Each Receipt this Period 37.50
 Memo Item
 Payroll Deduction

C. Rob Behler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.7320
 Amount of Each Receipt this Period 37.50
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	112.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Rob Behler		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7370
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50

Full Name (Last, First, Middle Initial) B. Rob Behler		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7421
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

Full Name (Last, First, Middle Initial) C. Kyle Brua		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : SA11AI.7415
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Kyle Brua
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.7323

Amount of Each Receipt this Period 25.00

Memo Item
Payroll Deduction

B. Kyle Brua
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.7373

Amount of Each Receipt this Period 25.00

Memo Item
Payroll Deduction

C. Kyle Brua
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.7424

Amount of Each Receipt this Period 25.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Dale Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Vice President (VP)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

B. Dale Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Vice President (VP)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.7325

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

C. Dale Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Vice President (VP)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.7375

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Dale Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Vice President (VP)
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.7426

Amount of Each Receipt this Period

25.00

 Memo Item
 Payroll Deduction

B. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC	Occupation Chief Executive Officer (CEO)
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.7118

Amount of Each Receipt this Period

96.00

 Memo Item
 Payroll deduction

C. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC	Occupation Chief Executive Officer (CEO)
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.7164

Amount of Each Receipt this Period

96.00

 Memo Item
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	217.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC Occupation Chief Executive Officer (CEO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.7268

Amount of Each Receipt this Period
 96.00

Memo Item
 Payroll Deduction

B. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC Occupation Chief Executive Officer (CEO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.7327

Amount of Each Receipt this Period
 96.00

Memo Item
 Payroll Deduction

C. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC Occupation Chief Executive Officer (CEO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1056.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.7377

Amount of Each Receipt this Period
 96.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **288.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. James DuCharme
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics LLC Occupation Chief Executive Officer (CEO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.7428

Amount of Each Receipt this Period 96.00

Memo Item
 Payroll Deduction

B. Scott Fries
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.7271

Amount of Each Receipt this Period 25.00

Memo Item
 Payroll Deduction

C. Scott Fries
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.7329

Amount of Each Receipt this Period 25.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 146.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 39
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial)
A. Scott Fries

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.7379

Amount of Each Receipt this Period **25.00**

Memo Item
 Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Scott Fries

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.7430

Amount of Each Receipt this Period **25.00**

Memo Item
 Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jean Hawkins-Koch

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.7381

Amount of Each Receipt this Period **20.00**

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **70.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Jean Hawkins-Koch		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7433
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 20.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation Senior Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) B. Thomas Hoffman		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : SA11AI.7274
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

Full Name (Last, First, Middle Initial) C. Thomas Hoffman		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : SA11AI.7332
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Thomas Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.7382

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll Deduction

B. Thomas Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll Deduction

C. Ellyn Hosch
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Chief Information Officer (CIO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.7123

Amount of Each Receipt this Period **50.00**

Memo Item
Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **100.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Ellyn Hosch		Date of Receipt MM / DD / YYYY 04 / 22 / 2016 Transaction ID : SA11AI.7168
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Chief Information Officer (CIO)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ellyn Hosch		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : SA11AI.7277
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll Deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Chief Information Officer (CIO)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Ellyn Hosch		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : SA11AI.7334
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll Deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Chief Information Officer (CIO)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Ellyn Hosch
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Chief Information Officer (CIO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.7385

Amount of Each Receipt this Period **50.00**

Memo Item
Payroll Deduction

B. Ellyn Hosch
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Chief Information Officer (CIO)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.7436

Amount of Each Receipt this Period **50.00**

Memo Item
Payroll Deduction

C. Robert Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.7279

Amount of Each Receipt this Period **25.00**

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Robert Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.7336

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

B. Robert Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.7387

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

C. Robert Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.7438

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Kevin Krakowski
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Assistant Vice President (AVP)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.7281

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

B. Kevin Krakowski
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Assistant Vice President (AVP)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.7338

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

C. Kevin Krakowski
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55121
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics	Occupation Assistant Vice President (AVP)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.7389

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Kevin Krakowski		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7440
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation Assistant Vice President (AVP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) B. Georgia Little		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7443
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 65.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation Chief Customer Experience Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

Full Name (Last, First, Middle Initial) C. Raechele McMahan		Date of Receipt MM / DD / YYYY 04 / 08 / 2016 Transaction ID : SA11AI.7131
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50

SUBTOTAL of Receipts This Page (optional).....▶	122.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Raechele McMahan
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.7197

Amount of Each Receipt this Period
 32.50

Memo Item
Payroll deduction

B. Raechele McMahan
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.7288

Amount of Each Receipt this Period
 32.50

Memo Item
Payroll Deduction

C. Raechele McMahan
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.7343

Amount of Each Receipt this Period
 32.50

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	97.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Raechele McMahan		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7394
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.50

Full Name (Last, First, Middle Initial) B. Raechele McMahan		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7466
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

Full Name (Last, First, Middle Initial) C. Nathan Meyer		Date of Receipt MM / DD / YYYY 04 / 08 / 2016 Transaction ID : SA11AI.7133
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Nathan Meyer		Date of Receipt MM / DD / YYYY 04 / 22 / 2016 Transaction ID : SA11AI.7175
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Vice President (VP)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Cameron Olig		Date of Receipt MM / DD / YYYY 04 / 08 / 2016 Transaction ID : SA11AI.7135
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Senior Vice President (SVP)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Cameron Olig		Date of Receipt MM / DD / YYYY 04 / 22 / 2016 Transaction ID : SA11AI.7138
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/> Payroll deduction <input type="checkbox"/>	
Name of Employer Prime Therapeutics	Occupation Senior Vice President (SVP)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Cameron Olig
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.7291

Amount of Each Receipt this Period 50.00

Memo Item
Payroll Deduction

B. Cameron Olig
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.7346

Amount of Each Receipt this Period 50.00

Memo Item
Payroll Deduction

C. Cameron Olig
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.7397

Amount of Each Receipt this Period 50.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Cameron Olig
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.7447
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.7140
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll deduction

C. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.7183
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 864.00

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.7296
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

B. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.7350
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

C. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.7401
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	288.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Aaron Rodriguez		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7452
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 96.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1152.00	
		<input type="checkbox"/> Memo Item Payroll Deduction

Full Name (Last, First, Middle Initial) B. Trent Seashore		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : SA11AI.7302
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation Vice President (VP)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		<input type="checkbox"/> Memo Item Payroll Deduction

Full Name (Last, First, Middle Initial) C. Trent Seashore		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : SA11AI.7354
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation Vice President (VP)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		<input type="checkbox"/> Memo Item Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	146.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Trent Seashore
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Vice President (VP)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.7405
Amount of Each Receipt this Period **25.00**
 Memo Item
Payroll Deduction

B. Trent Seashore
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Vice President (VP)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.7456
Amount of Each Receipt this Period **25.00**
 Memo Item
Payroll Deduction

C. Damon Smith
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Vice President (VP)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.7303
Amount of Each Receipt this Period **25.00**
 Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **75.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Damon Smith		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : SA11AI.7355
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. Damon Smith		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7406
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00

Full Name (Last, First, Middle Initial) C. Damon Smith		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7457
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Vice President (VP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. John Stocker
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.7305

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

B. John Stocker
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.7357

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

C. John Stocker
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.7468

Amount of Each Receipt this Period
 25.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. John Stocker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Vice President (VP)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.7459
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll Deduction

B. Cory Super
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Regional Vice President (RVP)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.7306
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll Deduction

C. Cory Super
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Regional Vice President (RVP)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.7359
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **75.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial) A. Cory Super		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7409
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Regional Vice President (RVP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00

Full Name (Last, First, Middle Initial) B. Cory Super		Date of Receipt MM / DD / YYYY 06 / 17 / 2016 Transaction ID : SA11AI.7460
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer Prime Therapeutics Occupation Regional Vice President (RVP)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Ann Tobin		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : SA11AI.7411
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 19.25
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer PrimeTherapeutics Occupation Chief Compliance Officer (CCO)	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.75

SUBTOTAL of Receipts This Page (optional).....▶	69.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Ann Tobin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PrimeTherapeutics Occupation Chief Compliance Officer (CCO)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.7462
 Amount of Each Receipt this Period 19.25
 Memo Item
 Payroll Deduction

B. Chris Vojta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.7414
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

C. Chris Vojta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Vice President (SVP)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.7465
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	211.25
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

A. Full Name (Last, First, Middle Initial)
Troy Ward

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Therapeutics Occupation Vice President (VP)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.7314

Amount of Each Receipt this Period
25.00

Memo Item
Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	3882.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial)

A. RONALD JAMES KIND

Mailing Address 3061 EDGEWATER LN

City LA CROSSE State WI Zip Code 54603

Purpose of Disbursement
Contribution

Candidate Name

KIND FOR CONGRESS COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	6

Transaction ID : SB23.7220

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. KENNY E MR. MARCHANT

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Contribution

Candidate Name

KENNY MARCHANT FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

Transaction ID : SB23.7216

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. BILL NELSON

Mailing Address 10339 KENSINGTON SHORE DRIVE #201

City ORLANDO State FL Zip Code 32827

Purpose of Disbursement
Contribution

Candidate Name

BILL NELSON FOR US SENATE

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	6

Transaction ID : SB23.7219

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name (Last, First, Middle Initial)

A. BENJAMIN E SASSE

Mailing Address 105 E 6TH STREET

City State Zip Code
FREMONT NE 68025

Purpose of Disbursement
Contribution

Candidate Name
BEN SASSE FOR US SENATE INC

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SB23.7218

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

4000.00
