

**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  
REPORTNEW  
(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 /

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 /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

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

Rodriguez, Aaron, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Rodriguez, Aaron, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		46166.47
(b) Cash on Hand at Beginning of Reporting Period.....	50027.08	
(c) Total Receipts (from Line 19) .....	6656.50	12564.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56683.58	58730.47
7. Total Disbursements (from Line 31).....	4097.02	6143.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52586.56	52586.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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. 05/2016)

Page 3

Write or Type Committee Name

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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. 05/2016)

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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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: PAGE 6 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baumgard, Terry, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
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.7258

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baumgard, Terry, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
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.7318

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baumgard, Terry, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
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.7368

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

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

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

FOR LINE NUMBER: PAGE 7 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Baumgard, Terry, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beardsley, John, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief of Staff

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.7259

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beardsley, John, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief of Staff

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.7319

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

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

75.00

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

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

FOR LINE NUMBER: PAGE 8 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beardsley, John, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief of Staff

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.7369

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beardsley, John, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.7420

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Behler, Rob, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID : SA11AI.7109

Amount of Each Receipt this Period

37.50

☐ Memo Item  
☐ Payroll deduction

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: PAGE 9 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Behler, Rob, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2016 <b>Transaction ID : SA11AI.7156</b>	
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period 37.50	
City Eagan	State MN	Zip Code 55121	<input type="checkbox"/> Memo Item Payroll deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) Prime Therapeutics		Occupation (for Individual) General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Behler, Rob, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2016 <b>Transaction ID : SA11AI.7260</b>	
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period 37.50	
City Eagan	State MN	Zip Code 55121	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 337.50		
Name of Employer (for Individual) Prime Therapeutics		Occupation (for Individual) General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Behler, Rob, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2016 <b>Transaction ID : SA11AI.7320</b>	
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period 37.50	
City Eagan	State MN	Zip Code 55121	<input type="checkbox"/> Memo Item Payroll Deduction	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 375.00		
Name of Employer (for Individual) Prime Therapeutics		Occupation (for Individual) General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			112.50	
<b>TOTAL</b> 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 10 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Behler, Rob, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : SA11AI.7370

Amount of Each Receipt this Period

37.50

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Behler, Rob, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : SA11AI.7421

Amount of Each Receipt this Period

37.50

☐ Memo Item

Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brua, Kyle, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 11 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brua, Kyle, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
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.7323

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brua, Kyle, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
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.7373

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brua, Kyle, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
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)..... ►

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

75.00

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

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carlson, Dale, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
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 : SA11Al.7266**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Carlson, Dale, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
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 : SA11Al.7325**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Carlson, Dale, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
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 : SA11Al.7375**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 13 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carlson, Dale, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2016

**Transaction ID : SA11AI.7426**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DuCharme, James, , ,**

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 (for Individual)  
Prime Therapeutics LLC

Occupation (for Individual)

Chief Executive Officer (CEO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

04 / 08 / 2016

**Transaction ID : SA11AI.7118**

Amount of Each Receipt this Period

96.00

☐ Memo Item  
☐ Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DuCharme, James, , ,**

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 (for Individual)  
Prime Therapeutics LLC

Occupation (for Individual)

Chief Executive Officer (CEO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

768.00

Date of Receipt

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)..... ►

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

217.00

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

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

FOR LINE NUMBER: PAGE 14 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DuCharme, James, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Therapeutics LLCOccupation (for Individual)  
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 : SA11Al.7268

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DuCharme, James, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Therapeutics LLCOccupation (for Individual)  
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 : SA11Al.7327

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DuCharme, James, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Therapeutics LLCOccupation (for Individual)  
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 : SA11Al.7377

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

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

288.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 15 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DuCharme, James, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Therapeutics LLCOccupation (for Individual)  
Chief Executive Officer (CEO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

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

Transaction ID : SA11AI.7428

Amount of Each Receipt this Period

96.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fries, Scott, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

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.7271

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fries, Scott, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

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.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)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fries, Scott, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

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 of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fries, Scott, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

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 of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hawkins-Koch, Jean, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

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)..... ►

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

70.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hawkins-Koch, Jean, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : SA11AI.7433

Amount of Each Receipt this Period

20.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoffman, Thomas, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Manager

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.7274

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoffman, Thomas, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Manager

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.7332

Amount of Each Receipt this Period

25.00

☐ 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**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoffman, Thomas, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Manager

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.7382

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoffman, Thomas, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
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: PAGE 19 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.7168

Amount of Each Receipt this Period

50.00

☐ Memo Item  
☐ Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : SA11AI.7277

Amount of Each Receipt this Period

50.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.7334

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : SA11AI.7385

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hosch, Ellyn, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Chief Information Officer (CIO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.7436

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kelley, Robert, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Comptroller

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.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: PAGE 21 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

<b>A. Kelley, Robert, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">05 / 20 / 2016</div> </div> <b>Transaction ID : SA11Al.7336</b>		
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>		
City Eagan	State MN	Zip Code 55121	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Name of Employer (for Individual) Prime Therapeutics			Occupation (for Individual) Comptroller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

  

<b>B. Kelley, Robert, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">06 / 03 / 2016</div> </div> <b>Transaction ID : SA11Al.7387</b>		
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>		
City Eagan	State MN	Zip Code 55121	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">275.00</div>		
Name of Employer (for Individual) Prime Therapeutics			Occupation (for Individual) Comptroller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

  

<b>C. Kelley, Robert, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">06 / 17 / 2016</div> </div> <b>Transaction ID : SA11Al.7438</b>		
Mailing Address 1305 Corporate Center Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>		
City Eagan	State MN	Zip Code 55121	Memo Item Payroll Deduction		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>		
Name of Employer (for Individual) Prime Therapeutics			Occupation (for Individual) Comptroller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.00</div>
<b>TOTAL</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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

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

FOR LINE NUMBER: PAGE 22 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krakowski, Kevin, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

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 Y Y  
05 / 06 / 2016

Transaction ID : SA11Al.7281

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krakowski, Kevin, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

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 Y Y  
05 / 20 / 2016

Transaction ID : SA11Al.7338

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krakowski, Kevin, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

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 Y Y  
06 / 03 / 2016

Transaction ID : SA11Al.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: PAGE 23 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Krakowski, Kevin, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Assistant Vice President (AVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.7440

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Little, Georgia, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Chief Customer Experience Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period

65.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McMahan, Raechele, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

227.50

Date of Receipt

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

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

32.50

☐ Memo Item  
☐ Payroll deduction

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

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

122.50

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMahan, Raechele, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

04 / 22 / 2016

Transaction ID : SA11AI.7197

Amount of Each Receipt this Period

32.50

☐ Memo Item  
☐ Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMahan, Raechele, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

05 / 06 / 2016

Transaction ID : SA11AI.7288

Amount of Each Receipt this Period

32.50

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McMahan, Raechele, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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)..... ►

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

97.50



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

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

FOR LINE NUMBER: PAGE 25 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McMahan, Raechele, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.50

Date of Receipt

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

**Transaction ID : SA11AI.7394**

Amount of Each Receipt this Period

32.50

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McMahan, Raechele, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

**Transaction ID : SA11AI.7466**

Amount of Each Receipt this Period

32.50

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meyer, Nathan, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

**Transaction ID : SA11AI.7133**

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Payroll deduction

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

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

140.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meyer, Nathan, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.7175

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Olig, Cameron, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olig, Cameron, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : SA11AI.7178

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Payroll deduction

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 27 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Olig, Cameron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Olig, Cameron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Olig, Cameron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / 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: PAGE 28 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Olig, Cameron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.7447

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Aaron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

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

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rodriguez, Aaron, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
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: PAGE 29 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Aaron, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

General Counsel

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.7296**

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rodriguez, Aaron, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
General Counsel

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.7350**

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rodriguez, Aaron, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
General Counsel

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.7401**

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

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

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

288.00

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

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

FOR LINE NUMBER: PAGE 30 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rodriguez, Aaron, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : SA11AI.7452

Amount of Each Receipt this Period

96.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seashore, Trent, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : SA11AI.7302

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seashore, Trent, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : SA11AI.7354

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

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

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

146.00

# **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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Seashore, Trent, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
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.7405**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seashore, Trent, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : SA11AI.7456**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Damon, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
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.7303**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

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

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

75.00

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

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

FOR LINE NUMBER: PAGE 32 OF 39  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Damon, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2016

Transaction ID : SA11AI.7355

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Damon, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 03 / 2016

Transaction ID : SA11AI.7406

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Damon, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2016

Transaction ID : SA11AI.7457

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

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

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

75.00



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

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

FOR LINE NUMBER: PAGE 33 OF 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stocker, John, , ,**

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 (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : SA11AI.7305

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stocker, John, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : SA11AI.7357

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stocker, John, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY  
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)..... ►

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

75.00

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

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

FOR LINE NUMBER: PAGE 34 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stocker, John, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Vice President (VP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Super, Cory, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Regional Vice President (RVP)

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.7306

Amount of Each Receipt this Period

25.00

☐ Memo Item  
☐ Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Super, Cory, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Regional Vice President (RVP)

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.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: PAGE 35 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Super, Cory, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Regional Vice President (RVP)

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.7409

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Super, Cory, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime TherapeuticsOccupation (for Individual)  
Regional Vice President (RVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.7460

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tobin, Ann, , ,

Mailing Address 1305 Corporate Center Dr

City  
EaganState  
MNZip Code  
55121FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PrimeTherapeuticsOccupation (for Individual)  
Chief Compliance Officer (CCO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

211.75

Date of Receipt

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

Transaction ID : SA11AI.7411

Amount of Each Receipt this Period

19.25

☐ Memo Item  
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ►

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

69.25

# **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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tobin, Ann, , ,**

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 (for Individual)  
PrimeTherapeutics

Occupation (for Individual)  
Chief Compliance Officer (CCO)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2016

**Transaction ID : SA11AI.7462**

Amount of Each Receipt this Period

19.25

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Vojta, Chris, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

MM / DD / YYYY  
06 / 03 / 2016

**Transaction ID : SA11AI.7414**

Amount of Each Receipt this Period

96.00

☐ Memo Item  
Payroll Deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Vojta, Chris, , ,**

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 (for Individual)  
Prime Therapeutics

Occupation (for Individual)  
Senior Vice President (SVP)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.00

Date of Receipt

MM / DD / YYYY  
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)..... ►

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

211.25

# **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)**

<b>A.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ward, Troy, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2016 <b>Transaction ID : SA11AI.7314</b>	
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00	
City Eagan	State MN	Zip Code 55105	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00	
Name of Employer (for Individual) Prime Therapeutics		Occupation (for Individual) Vice President (VP)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>B.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
<b>C.</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		25.00	
<b>TOTAL</b> 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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)**

Full Name (Last, First, Middle Initial)

**A. KIND, RONALD JAMES, , ,**

Mailing Address 3061 EDGEWATER LN

City  
LA CROSSEState  
WIZip Code  
54603Purpose 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	1	6		

FEC Identification Number

**C** C00312017**Transaction ID : SB23.7220**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARCHANT, KENNY E MR., , ,**

Mailing Address PO BOX 110187

City  
CARROLLTONState  
TXZip Code  
75011Purpose 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	6		

FEC Identification Number

**C** C00393348**Transaction ID : SB23.7216**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NELSON, BILL, , ,**

Mailing Address 10339 KENSINGTON SHORE DRIVE #201

City  
ORLANDOState  
FLZip Code  
32827Purpose 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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	1	6		

FEC Identification Number

**C** C00344051**Transaction ID : SB23.7219**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. SASSE, BENJAMIN E, , ,**

Date of Disbursement

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

Mailing Address 105 E 6TH STREET

City  
FREMONTState  
NEZip Code  
68025Purpose 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

Category/  
Type

FEC Identification Number

**C** C00547976**Transaction ID : SB23.7218**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

4000.00