

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Prime Therapeutics LLC Employee PAC (Prime PAC)

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="2013"/> | | 24903.53 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 24709.23 | |
| (c) Total Receipts (from Line 19) | 15071.41 | 18495.41 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 39780.64 | 43398.94 |
| 7. Total Disbursements (from Line 31)..... | 15512.70 | 19131.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 24267.94 | 24267.94 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Prime Therapeutics LLC Employee PAC (Prime PAC)

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)..... | 10713.41 | 13587.41 |
| (ii) Unitemized | 4358.00 | 4908.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 15071.41 | 18495.41 |
| (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) | 15071.41 | 18495.41 |
| 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))..... ▶ | 15071.41 | 18495.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 15071.41 | 18495.41 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 2512.70 | 2631.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2512.70 | 2631.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 5000.00 | 8500.00 |
| 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 | 8000.00 | 8000.00 |
| 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)) .. | 15512.70 | 19131.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 15512.70 | 19131.00 |

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) | 15071.41 | 18495.41 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15071.41 | 18495.41 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2512.70 | 2631.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2512.70 | 2631.00 |

**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 6 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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 (Prime PAC)

A. Duane Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3614.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : 2013070285254-2
 Amount of Each Receipt this Period
 100.00

B. Duane Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3614.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : 2013071792324-2
 Amount of Each Receipt this Period
 100.00

C. Duane Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3614.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2013
Transaction ID : 201307319272-2
 Amount of Each Receipt this Period
 192.31

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 392.31 |
| 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 35 |
| | <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 (Prime PAC)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Duane Barnes | | Date of Receipt MM / DD / YYYY 08 / 16 / 2013 Transaction ID : 2013081493733-4 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Duane Barnes | | Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : 20130828105234-4 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Duane Barnes | | Date of Receipt MM / DD / YYYY 09 / 13 / 2013 Transaction ID : 2013091193748-10 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 576.93 |
| 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 35 |
| | <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 (Prime PAC)

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Duane Barnes | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 2013092592252-11 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | Sr VP Consumer Delivery | <input type="text" value="192.31"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3614.41"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Duane Barnes | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 2013100992255-11 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | Sr VP Consumer Delivery | <input type="text" value="192.31"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3614.41"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Duane Barnes | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 2013102393735-12 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | Sr VP Consumer Delivery | <input type="text" value="192.31"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="3614.41"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="576.93"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 35 |
| | <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 (Prime PAC)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Duane Barnes | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2013 Transaction ID : 20131106105819-1 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Duane Barnes | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 20131120103745-1 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Duane Barnes | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2013 Transaction ID : 20131204103744-13 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 192.31 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics | Occupation Sr VP Consumer Delivery | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3614.41 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 576.93 |
| 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 35 |
| | <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 (Prime PAC)

Full Name (Last, First, Middle Initial)
A. Duane Barnes

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation Sr VP Consumer Delivery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3614.41**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 20131218133841-16

Amount of Each Receipt this Period
192.31

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : 20131106105819-5

Amount of Each Receipt this Period
50.00

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2013

Transaction ID : 20131120103745-5

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 292.31 |
| 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 11 OF 35
(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 (Prime PAC)

A. Jacqueline Chase
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : 20131204103744-10
 Amount of Each Receipt this Period
 50.00

B. Jacqueline Chase
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Vice President Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : 20131218133841-11
 Amount of Each Receipt this Period
 50.00

C. James DuCharme
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2013
Transaction ID : 20131106105819-6
 Amount of Each Receipt this Period
 50.00

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 12 OF 35 |
| | <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 (Prime PAC)

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. James DuCharme | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 20131120103745-6 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 50.00 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics | Occupation CFO | |
| 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. James DuCharme | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2013 Transaction ID : 20131204103744-22 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 50.00 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics | Occupation CFO | |
| 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) C. James DuCharme | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : 20131218133841-25 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 0.00 |
| City Eagan | State MN | Zip Code 55121-1204 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics | Occupation CFO | |
| 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).....▶ | 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 13 OF 35 |
| | <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 (Prime PAC)

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : 20131218133841-26

Amount of Each Receipt this Period
50.00

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : 8359ED9701B74DCB9FD4

Amount of Each Receipt this Period
4000.00

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

Mailing Address 1455 Pennsylvania Ave NW Suite 400

City Washington State DC Zip Code 20004-1017

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

Name of Employer Prime Therapeutics Occupation VP Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : 2013070285254-1

Amount of Each Receipt this Period
150.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4200.00 |
| 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 35 |
| | <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 (Prime PAC)

A. Stacey Fahrner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 Pennsylvania Ave NW
 Suite 400
 City Washington State DC Zip Code 20004-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : 2013071792324-1
 Amount of Each Receipt this Period
 150.00

B. Stacey Fahrner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 Pennsylvania Ave NW
 Suite 400
 City Washington State DC Zip Code 20004-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2013
Transaction ID : 201307319272-1
 Amount of Each Receipt this Period
 150.00

C. Stacey Fahrner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 Pennsylvania Ave NW
 Suite 400
 City Washington State DC Zip Code 20004-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2013
Transaction ID : 2013081493733-3
 Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| 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 15 OF 35 (check only one) |
| <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Prime Therapeutics LLC Employee PAC (Prime PAC)

| | |
|---|--|
| Full Name (Last, First, Middle Initial) A. Stacey Fahrner | Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2013 Transaction ID : 20130828105234-3 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | Amount of Each Receipt this Period 100.00 |
| City Washington State DC Zip Code 20004-1017 | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 2500.00 |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|---|
| Full Name (Last, First, Middle Initial) B. Stacey Fahrner | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 2013091193748-9 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | Amount of Each Receipt this Period 50.00 |
| City Washington State DC Zip Code 20004-1017 | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 2500.00 |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|--|
| Full Name (Last, First, Middle Initial) C. Stacey Fahrner | Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 2013092592252-10 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | Amount of Each Receipt this Period 0.00 |
| City Washington State DC Zip Code 20004-1017 | |
| FEC ID number of contributing federal political committee. C | Aggregate Year-to-Date ▼ 2500.00 |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 150.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 0.00 |

**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 16 OF 35 |
| | <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 (Prime PAC)

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Stacey Fahrner | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2013 Transaction ID : 2013102393735-11 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | | Amount of Each Receipt this Period 0.00 |
| City Washington State DC Zip Code 20004-1017 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Stacey Fahrner | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 20131120103745-7 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | | Amount of Each Receipt this Period 0.00 |
| City Washington State DC Zip Code 20004-1017 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Stacey Fahrner | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2013 Transaction ID : 20131218133841-14 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | | Amount of Each Receipt this Period 0.00 |
| City Washington State DC Zip Code 20004-1017 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Prime Therapeutics Occupation VP Government Affairs | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| 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 35 |
| | <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 (Prime PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Stacey Fahrner | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 20131218133841-15 |
| Mailing Address 1455 Pennsylvania Ave NW Suite 400 | | Amount of Each Receipt this Period 0.00 |
| City Washington | State DC Zip Code 20004-1017 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 2500.00 |
| Name of Employer Prime Therapeutics | Occupation VP Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Glen Laschober | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2013 Transaction ID : 2013091193748-22 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 96.00 |
| City Eagan | State MN Zip Code 55121-1204 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 960.00 |
| Name of Employer Prime Therapeutics | Occupation Chief Operations Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Glen Laschober | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 2013092592252-24 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 96.00 |
| City Eagan | State MN Zip Code 55121-1204 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 960.00 |
| Name of Employer Prime Therapeutics | Occupation Chief Operations Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 192.00 |
| 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 35 |
| | <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 (Prime PAC)

A. Glen Laschober
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00

Date of Receipt 10 / 11 / 2013
Transaction ID : 2013100992255-25
Amount of Each Receipt this Period 96.00

B. Glen Laschober
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00

Date of Receipt 10 / 25 / 2013
Transaction ID : 2013102393735-26
Amount of Each Receipt this Period 96.00

C. Glen Laschober
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 08 / 2013
Transaction ID : 20131106105819-13
Amount of Each Receipt this Period 96.00

| | |
|--|--------|
| 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 19 OF 35 |
| | <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 (Prime PAC)

A. Glen Laschober
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Chief Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 11 / 22 / 2013
Transaction ID : 20131120103745-14
 Amount of Each Receipt this Period
 960.00

B. Glen Laschober
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Chief Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 12 / 06 / 2013
Transaction ID : 20131204103744-28
 Amount of Each Receipt this Period
 96.00

C. Glen Laschober
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121-1204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Chief Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 12 / 13 / 2013
Transaction ID : 20131218133841-31
 Amount of Each Receipt this Period
 0.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 192.00 |
| 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 35 |
| | <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 (Prime PAC)

A. Glen Laschober
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **960.00**

Date of Receipt **12 / 13 / 2013**
Transaction ID : 20131218133841-32
Amount of Each Receipt this Period **0.00**

B. Glen Laschober
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation Chief Operations Officer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **960.00**

Date of Receipt **12 / 20 / 2013**
Transaction ID : 20131218133841-33
Amount of Each Receipt this Period **96.00**

C. Raechele McMahan
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr
City Eagan State MN Zip Code 55121-1204
FEC ID number of contributing federal political committee. **C**
Name of Employer Prime Therapeutics Occupation VP specialty pharmacy programs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 06 / 2013**
Transaction ID : 20131204103744-23
Amount of Each Receipt this Period **32.50**

SUBTOTAL of Receipts This Page (optional)..... **128.50**
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 21 OF 35 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <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 (Prime PAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Raechele McMahan | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 20131218133841-27 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 32.50 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics Occupation VP specialty pharmacy programs | 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) B. Nathan Meyer | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013 Transaction ID : 2013100992255-5 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 75.00 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics Occupation VP Program Management | 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) C. Nathan Meyer | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013 Transaction ID : 2013102393735-5 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 75.00 |
| City Eagan State MN Zip Code 55121-1204 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Prime Therapeutics Occupation VP Program Management | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 182.50 |
| 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 22 OF 35 |
| | <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 (Prime PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Nathan Meyer | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 20131106105819-16 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | VP Program Management | <input type="text" value="75.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="600.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Nathan Meyer | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 20131120103745-17 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | VP Program Management | <input type="text" value="75.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="600.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Nathan Meyer | | Date of Receipt |
| Mailing Address 1305 Corporate Center Dr | | <input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Eagan | MN | 55121-1204 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 20131204103744-6 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Prime Therapeutics | VP Program Management | <input type="text" value="75.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="600.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="225.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 35 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <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 (Prime PAC)

Full Name (Last, First, Middle Initial)
A. Nathan Meyer

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation VP Program Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 20 / 2013
Transaction ID : 20131218133841-6

Amount of Each Receipt this Period
75.00

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ **1632.00**

Date of Receipt
09 / 02 / 2013
Transaction ID : 510F881C4C98428C92C9

Amount of Each Receipt this Period
672.00

2013 Contribution

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ **1632.00**

Date of Receipt
09 / 13 / 2013
Transaction ID : 2013091193748-7

Amount of Each Receipt this Period
96.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 843.00 |
| 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 24 OF 35 |
| | <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 (Prime PAC)

A. Aaron Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ 1632.00

Date of Receipt
09 / 27 / 2013
Transaction ID : 2013092592252-8

Amount of Each Receipt this Period
96.00

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ 1632.00

Date of Receipt
10 / 11 / 2013
Transaction ID : 2013100992255-9

Amount of Each Receipt this Period
96.00

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ 1632.00

Date of Receipt
10 / 25 / 2013
Transaction ID : 2013102393735-9

Amount of Each Receipt this Period
96.00

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 25 OF 35 |
| | <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 (Prime PAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Aaron Rodriguez | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2013 Transaction ID : 20131106105819-20 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 96.00 |
| City Eagan State MN Zip Code 55121-1204 | 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 ▼ 1632.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Aaron Rodriguez | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 20131120103745-21 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 96.00 |
| City Eagan State MN Zip Code 55121-1204 | 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 ▼ 1632.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Aaron Rodriguez | | Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2013 Transaction ID : 20131204103744-11 |
| Mailing Address 1305 Corporate Center Dr | | Amount of Each Receipt this Period 96.00 |
| City Eagan State MN Zip Code 55121-1204 | 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 ▼ 1632.00 | |

| | |
|--|--------|
| 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 26 OF 35 |
| | <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 (Prime PAC)

Full Name (Last, First, Middle Initial)
A. Aaron Rodriguez

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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 ▼ **1632.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 20131218133841-12

Amount of Each Receipt this Period
96.00

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : 2013070285254-3

Amount of Each Receipt this Period
25.00

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : 2013071792324-3

Amount of Each Receipt this Period
25.00

| | |
|--|---------------|
| 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 27 OF 35 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Prime Therapeutics LLC Employee PAC (Prime PAC)

A. David Root
Full Name (Last, First, Middle Initial)

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
08 / 02 / 2013
Transaction ID : 201307319272-3

Amount of Each Receipt this Period
25.00

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
08 / 16 / 2013
Transaction ID : 2013081493733-5

Amount of Each Receipt this Period
12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
08 / 30 / 2013
Transaction ID : 20130828105234-5

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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 35 |
| <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 (Prime PAC)

A. David Root
Full Name (Last, First, Middle Initial)

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2013
Transaction ID : 2013091193748-16

Amount of Each Receipt this Period
 12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : 2013092592252-18

Amount of Each Receipt this Period
 12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013
Transaction ID : 2013100992255-18

Amount of Each Receipt this Period
 12.50

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 37.50 |
| 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 29 OF 35 |
| | <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 (Prime PAC)

A. David Root
Full Name (Last, First, Middle Initial)

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
10 / 25 / 2013

Transaction ID : 2013102393735-19

Amount of Each Receipt this Period
12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
11 / 08 / 2013

Transaction ID : 20131106105819-21

Amount of Each Receipt this Period
12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
11 / 22 / 2013

Transaction ID : 20131120103745-22

Amount of Each Receipt this Period
12.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **37.50**

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 30 OF 35 |
| | <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 (Prime PAC)

A. David Root
Full Name (Last, First, Middle Initial)

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
12 / 06 / 2013

Transaction ID : 20131204103744-20

Amount of Each Receipt this Period
12.50

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

Mailing Address 212 Spring Branch Rd

City Waverly State VA Zip Code 23890-3000

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

Name of Employer Prime Therapeutics Occupation Senior Director State Government Affai

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
12 / 20 / 2013

Transaction ID : 20131218133841-23

Amount of Each Receipt this Period
12.50

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121-1204

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

Name of Employer Prime Therapeutics Occupation VP Chief Marketing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
09 / 18 / 2013

Transaction ID : FA735B49D22B483192C8

Amount of Each Receipt this Period
375.00

2013 Contribution

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 400.00 |
| TOTAL This Period (last page this line number only).....▶ | 10713.41 |

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 (Prime PAC)

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 225 South Sixth Street

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 2E0A8089A766FE5FC40

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 225 South Sixth Street

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
Bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : CC349D673F435352EB0

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 225 South Sixth Street

City Minneapolis State MN Zip Code 55402

Purpose of Disbursement
bank fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 0E3A5F12AE6C3EF078E

Amount of Each Disbursement this Period

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

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

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 (Prime PAC)

Full Name (Last, First, Middle Initial)

A. Prime Therapeutics

Mailing Address 1304 Corporate center drive

City Eagan State MN Zip Code 55121

Purpose of Disbursement
PAC fundraising activity, legal fees, and payroll deduction expenses

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V3DE05DC55DA9A553C7F

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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 (Prime PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 Primary

011

Candidate Name
Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : 588196BEAB94ADCC9CF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kline for Congress

Mailing Address 350 W Burnsville Pkwy
Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
2014 Primary

011

Candidate Name
John Kline

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2013

Transaction ID : DAF88356706CB755CC9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Minnesota Senate Majority Caucus

Mailing Address PO Box 7307

City St Paul State MN Zip Code 55107

Purpose of Disbursement
2013 Contribution

011

Candidate Name
Minnesota Senate Majority Caucus

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2013

Transaction ID : 450E56286DC41E418BF

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

**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 |

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 (Prime PAC)

Full Name (Last, First, Middle Initial)

A. Udall for US All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name
Tom Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

/ /

Transaction ID : FA408B3A511BA662A93

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Prime Therapeutics LLC Employee PAC (Prime PAC)

Full Name (Last, First, Middle Initial)

A. Prime Therapeutics LLC Employee State PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2013 |

Mailing Address 1305 Corporate Center Drive

Transaction ID : 9127C79CA1EAE2A3FEB

City Eagan State MN Zip Code 55121

Amount of Each Disbursement this Period

| |
|---------|
| 8000.00 |
|---------|

Purpose of Disbursement
Nonfederal Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

| |
|---------|
| 8000.00 |
|---------|

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

| |
|---------|
| 8000.00 |
|---------|