

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="24969.13"/>	<input type="text" value="24969.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24969.13"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16241.57"/>	<input type="text" value="16241.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="41210.70"/>	<input type="text" value="41210.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4143.32"/>	<input type="text" value="4143.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37067.38"/>	<input type="text" value="37067.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8538.42	8538.42
(ii) Unitemized	7703.15	7703.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16241.57	16241.57
(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)	16241.57	16241.57
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))..... ▶	16241.57	16241.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16241.57	16241.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	143.32	143.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	143.32	143.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4143.32	4143.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4143.32	4143.32

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)	16241.57	16241.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16241.57	16241.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	143.32	143.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	143.32	143.32

**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 63
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11AI.5443

Amount of Each Receipt this Period
192.31

payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.93**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
192.31

payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA11AI.5549

Amount of Each Receipt this Period
192.31

payroll deduction

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 7 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Duane Barnes		Date of Receipt
Mailing Address 1305 corporate center dr		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5550
Name of Employer Prime Therapeutics LLC	Occupation Senior Vlce President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="192.31"/>
	<input type="text" value="961.55"/>	payroll deduction

Full Name (Last, First, Middle Initial) B. Duane Barnes		Date of Receipt
Mailing Address 1305 corporate center dr		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5653
Name of Employer Prime Therapeutics LLC	Occupation Senior Vlce President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="192.31"/>
	<input type="text" value="1153.86"/>	payroll deduction

Full Name (Last, First, Middle Initial) C. Duane Barnes		Date of Receipt
Mailing Address 1305 corporate center dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5704
Name of Employer Prime Therapeutics LLC	Occupation Senior Vlce President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="192.31"/>
	<input type="text" value="1346.17"/>	payroll deduction

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 8 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Duane Barnes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics LLC Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : SA11AI.5758
 Amount of Each Receipt this Period
 192.31
 payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : SA11AI.5809
 Amount of Each Receipt this Period
 25.00
 payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.5857
 Amount of Each Receipt this Period
 25.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	242.31
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 9 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 22 / 2015**
Transaction ID : **SA11AI.5907**

Amount of Each Receipt this Period **25.00**
payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 05 / 2015**
Transaction ID : **SA11AI.5956**

Amount of Each Receipt this Period **25.00**
payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 19 / 2015**
Transaction ID : **SA11AI.6004**

Amount of Each Receipt this Period **25.00**
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 10 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Beardsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 24 / 2015
Transaction ID : SA11AI.5810
 Amount of Each Receipt this Period 25.00
 payroll deduction

B. John Beardsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.5858
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. John Beardsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.5908
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 corporate center dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11AI.5957

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 corporate center dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11AI.6005

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.5656

Amount of Each Receipt this Period
37.50

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: (check only one)	PAGE 12 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rob Behler		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : SA11AI.5707
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) B. Rob Behler		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.5761
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Rob Behler		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : SA11AI.5811
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rob Behler	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2015 Transaction ID : SA11AI.5859
Mailing Address 1305 Corporate Center Dr	Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan State MN Zip Code 55121	
FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) B. Rob Behler	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 22 / 2015 Transaction ID : SA11AI.5909
Mailing Address 1305 Corporate Center Dr	Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan State MN Zip Code 55121	
FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50

Full Name (Last, First, Middle Initial) C. Rob Behler	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2015 Transaction ID : SA11AI.5958
Mailing Address 1305 Corporate Center Dr	Amount of Each Receipt this Period 37.50 payroll deduction
City Eagan State MN Zip Code 55121	
FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics Occupation General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rob Behler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 487.50

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6006
 Amount of Each Receipt this Period 37.50
 payroll deduction

B. Aaron Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Sales Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 05 / 2015
Transaction ID : SA11AI.5959
 Amount of Each Receipt this Period 17.50
 payroll deduction

C. Aaron Bender
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Sales Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.50

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6007
 Amount of Each Receipt this Period 17.50
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.50
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 15 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 04 / 24 / 2015
Transaction ID : SA11AI.5814
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

Date of Receipt
 05 / 08 / 2015
Transaction ID : SA11AI.5862
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

Date of Receipt
 05 / 22 / 2015
Transaction ID : SA11AI.5912
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 06 / 05 / 2015
Transaction ID : SA11AI.5961
 Amount of Each Receipt this Period 25.00
 payroll deduction

B. Rebecca Bradford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Associate Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 19 / 2015
Transaction ID : SA11AI.6009
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. Kyle Brua
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 04 / 24 / 2015
Transaction ID : SA11AI.5815
 Amount of Each Receipt this Period 25.00
 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 17 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kyle Brua
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.5863
 Amount of Each Receipt this Period 25.00
 payroll deduction

B. Kyle Brua
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.5913
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. Kyle Brua
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation VP Pricing and Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 05 / 2015
Transaction ID : SA11AI.5962
 Amount of Each Receipt this Period 25.00
 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 18 OF 63
(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 (Last, First, Middle Initial)
A. Kyle Brua

Mailing Address 1305 corporate center dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics VP Pricing and Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6010

Amount of Each Receipt this Period
 25.00
 payroll deduction

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

Mailing Address 1305 Corporate center dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : SA11AI.5816

Amount of Each Receipt this Period
 25.00
 payroll deduction

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

Mailing Address 1305 Corporate center dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.5864

Amount of Each Receipt this Period
 25.00
 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 19 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.5914
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

Date of Receipt 06 / 05 / 2015
Transaction ID : SA11AI.5963
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. Dale Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate center dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6011
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : SA11AI.5570

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : SA11AI.5663

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : SA11AI.5714

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **446.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : SA11AI.5768

Amount of Each Receipt this Period **96.00**
payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **542.00**

Date of Receipt **04 / 24 / 2015**
Transaction ID : SA11AI.5818

Amount of Each Receipt this Period **96.00**
payroll deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **638.00**

Date of Receipt **05 / 08 / 2015**
Transaction ID : SA11AI.5866

Amount of Each Receipt this Period **96.00**
payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. James DuCharme		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 Transaction ID : SA11AI.5916
Mailing Address 1305 corporate center dr		Amount of Each Receipt this Period 96.00 payroll deduction
City eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 734.00

Full Name (Last, First, Middle Initial) B. James DuCharme		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : SA11AI.5965
Mailing Address 1305 corporate center dr		Amount of Each Receipt this Period 96.00 payroll deduction
City eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00

Full Name (Last, First, Middle Initial) C. James DuCharme		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : SA11AI.6013
Mailing Address 1305 corporate center dr		Amount of Each Receipt this Period 96.00 payroll deduction
City eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	
Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 926.00

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 23 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6100 Nebraska Ave NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

100.00

 payroll deduction

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

Mailing Address 6100 Nebraska Ave NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period

100.00

 payroll deduction

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

Mailing Address 6100 Nebraska Ave NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

100.00

 payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stacey Fahrner		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 Transaction ID : SA11AI.5664
Mailing Address 6100 Nebraska Ave NW		Amount of Each Receipt this Period 100.00 payroll deduction
City Washington State DC Zip Code 20015	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 ▼ 600.00

Full Name (Last, First, Middle Initial) B. Stacey Fahrner		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : SA11AI.5715
Mailing Address 6100 Nebraska Ave NW		Amount of Each Receipt this Period 100.00 payroll deduction
City Washington State DC Zip Code 20015	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 ▼ 700.00

Full Name (Last, First, Middle Initial) C. Stacey Fahrner		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.5769
Mailing Address 6100 Nebraska Ave NW		Amount of Each Receipt this Period 100.00 payroll deduction
City Washington State DC Zip Code 20015	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 ▼ 800.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 63
	<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

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

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

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

Mailing Address 6100 Nebraska Ave NW

City Washington State DC Zip Code 20015

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 ▼ **900.00**

Date of Receipt
04 / 24 / 2015
Transaction ID : SA11AI.5819

Amount of Each Receipt this Period
100.00
 payroll deduction

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

Mailing Address 6100 Nebraska Ave NW

City Washington State DC Zip Code 20015

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 ▼ **1000.00**

Date of Receipt
05 / 08 / 2015
Transaction ID : SA11AI.5867

Amount of Each Receipt this Period
100.00
 payroll deduction

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

Mailing Address 6100 Nebraska Ave NW

City Washington State DC Zip Code 20015

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 ▼ **1100.00**

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11AI.5917

Amount of Each Receipt this Period
100.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stacey Fahrner
Full Name (Last, First, Middle Initial)
Mailing Address 6100 Nebraska Ave NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.5966

Amount of Each Receipt this Period
 100.00
 payroll deduction

B. Stacey Fahrner
Full Name (Last, First, Middle Initial)
Mailing Address 6100 Nebraska Ave NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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 ▼
1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6014

Amount of Each Receipt this Period
 100.00
 payroll deduction

C. Scott Fries
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation Senior Vice President Government Progr
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
 60.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional).....	260.00
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 27 OF 63
(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 (Last, First, Middle Initial)
A. Scott Fries

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : SA11AI.5574

Amount of Each Receipt this Period
60.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.5665

Amount of Each Receipt this Period
25.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11AI.5716

Amount of Each Receipt this Period
25.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **110.00**

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 63
(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 (Last, First, Middle Initial)
A. Scott Fries

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.5770

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

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
04 / 24 / 2015

Transaction ID : SA11AI.5820

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.5868

Amount of Each Receipt this Period
25.00

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.5918

Amount of Each Receipt this Period
 25.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.5967

Amount of Each Receipt this Period
 25.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President Government Progr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.6015

Amount of Each Receipt this Period
 25.00
 payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jean Hawkins-Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director Client Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.5921
 Amount of Each Receipt this Period 20.00
 payroll deduction

B. Jean Hawkins-Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director Client Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 05 / 2015
Transaction ID : SA11AI.5970
 Amount of Each Receipt this Period 20.00
 payroll deduction

C. Jean Hawkins-Koch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Senior Director Client Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6018
 Amount of Each Receipt this Period 20.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager Individual Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 24 / 2015**

Transaction ID : SA11AI.5824

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager Individual Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager Individual Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 22 / 2015**

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period **25.00**

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager Individual Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11AI.5971

Amount of Each Receipt this Period
 25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Manager Individual Market

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period
 25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : SA11AI.5825

Amount of Each Receipt this Period
 25.00

payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ellyn Hosch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.5873
 Amount of Each Receipt this Period
 250.00
 payroll deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.5923
 Amount of Each Receipt this Period
 50.00
 payroll deduction

C. Ellyn Hosch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.5972
 Amount of Each Receipt this Period
 50.00
 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 34 OF 63
(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 (Last, First, Middle Initial)
A. Ellyn Hosch

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
06 / 19 / 2015
Transaction ID : SA11AI.6020

Amount of Each Receipt this Period
50.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
04 / 24 / 2015
Transaction ID : SA11AI.5829

Amount of Each Receipt this Period
25.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Comptroller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
05 / 08 / 2015
Transaction ID : SA11AI.5877

Amount of Each Receipt this Period
25.00
 payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 05 / 22 / 2015
Transaction ID : SA11AI.5927
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

Date of Receipt 06 / 05 / 2015
Transaction ID : SA11AI.5976
 Amount of Each Receipt this Period 25.00
 payroll deduction

C. Robert Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Comptroller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6024
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation AVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 24 / 2015**

Transaction ID : SA11AI.5831

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation AVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : SA11AI.5879

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation AVP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 22 / 2015**

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period **25.00**

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation AVP Sales
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11AI.5978

Amount of Each Receipt this Period

25.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation AVP Sales
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2015

Transaction ID : SA11AI.6026

Amount of Each Receipt this Period

25.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.5730

Amount of Each Receipt this Period

32.50

 payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	82.50
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 38 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 04 / 10 / 2015
Transaction ID : SA11AI.5784
 Amount of Each Receipt this Period 32.50
 payroll deduction

B. Raechele McMahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.50

Date of Receipt 04 / 24 / 2015
Transaction ID : SA11AI.5834
 Amount of Each Receipt this Period 32.50
 payroll deduction

C. Raechele McMahan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.5882
 Amount of Each Receipt this Period 32.50
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Raechele McMahan		Date of Receipt MM / DD / YYYY 05 / 22 / 2015 Transaction ID : SA11AI.5932
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.50	

Full Name (Last, First, Middle Initial) B. Raechele McMahan		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : SA11AI.5981
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50 PAYROLL DEDUCTION
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Raechele McMahan		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : SA11AI.6029
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 32.50 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.50	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP enterprise planning
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period

75.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP enterprise planning
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period

75.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP enterprise planning
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period

75.00

 payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 41 OF 63
(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 (Last, First, Middle Initial)
A. Nathan Meyer

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.5681

Amount of Each Receipt this Period
75.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

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
03 / 27 / 2015

Transaction ID : SA11AI.5732

Amount of Each Receipt this Period
75.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.5786

Amount of Each Receipt this Period
75.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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 42 OF 63
(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 (Last, First, Middle Initial)
A. Nathan Meyer

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt
04 / 24 / 2015
Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
75.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
05 / 08 / 2015
Transaction ID : SA11AI.5884

Amount of Each Receipt this Period
75.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt
05 / 22 / 2015
Transaction ID : SA11AI.5934

Amount of Each Receipt this Period
75.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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 43 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **06 / 05 / 2015**

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period **75.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP enterprise planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt **06 / 19 / 2015**

Transaction ID : SA11AI.6031

Amount of Each Receipt this Period **75.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 27 / 2015**

Transaction ID : SA11AI.5613

Amount of Each Receipt this Period **50.00**

payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 44 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11AI.5684

Amount of Each Receipt this Period
50.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11AI.5735

Amount of Each Receipt this Period
50.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Senior Vice President

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
04 / 10 / 2015

Transaction ID : SA11AI.5789

Amount of Each Receipt this Period
50.00

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 45 OF 63
(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 (Last, First, Middle Initial)
A. Cameron Olig

Mailing Address 1305 Corporate Center Dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 04 / 24 / 2015
Transaction ID : SA11AI.5838

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 08 / 2015
Transaction ID : SA11AI.5886

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City State Zip Code
 Eagan MN 55121

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

Name of Employer Occupation
 Prime Therapeutics Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 05 / 22 / 2015
Transaction ID : SA11AI.5936

Amount of Each Receipt this Period
 50.00
 payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cameron Olig		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : SA11AI.5985
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Cameron Olig		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : SA11AI.6033
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Aaron Rodriguez		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 Transaction ID : SA11AI.5532
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 96.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

SUBTOTAL of Receipts This Page (optional).....▶	196.00
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 47 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Aaron Rodriguez		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : SA11AI.5620
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 96.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00	

Full Name (Last, First, Middle Initial) B. Aaron Rodriguez		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : SA11AI.5621
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 96.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Aaron Rodriguez		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 Transaction ID : SA11AI.5688
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 96.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00	

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 48 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11AI.5739

Amount of Each Receipt this Period
96.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.5793

Amount of Each Receipt this Period
96.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **864.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : SA11AI.5842

Amount of Each Receipt this Period
96.00

payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : SA11AI.5890

Amount of Each Receipt this Period
 96.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.5940

Amount of Each Receipt this Period
 96.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11AI.5989

Amount of Each Receipt this Period
 96.00

payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 19 / 2015
Transaction ID : SA11AI.6037
 Amount of Each Receipt this Period 96.00
 payroll deduction

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

Date of Receipt 04 / 24 / 2015
Transaction ID : SA11AI.5845
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

Date of Receipt 05 / 08 / 2015
Transaction ID : SA11AI.5893
 Amount of Each Receipt this Period 25.00
 payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 63
	<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 (PRIMEPAC)

A. Trent Seashore
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation Vice President Enterprise Reporting
--	---

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
05 / 22 / 2015

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation Vice President Enterprise Reporting
--	---

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 / 05 / 2015

Transaction ID : SA11AI.5992

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation Vice President Enterprise Reporting
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period
25.00

payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Damon Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Vice President PBM Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 24 / 2015**

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Vice President PBM Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 08 / 2015**

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period **25.00**

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Vice President PBM Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **05 / 22 / 2015**

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period **25.00**

payroll deduction

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Damon Smith		Date of Receipt MM / DD / YYYY 06 / 05 / 2015 Transaction ID : SA11AI.5993
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation Vice President PBM Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Damon Smith		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : SA11AI.6041
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation Vice President PBM Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Cory Super		Date of Receipt MM / DD / YYYY 04 / 24 / 2015 Transaction ID : SA11AI.5848
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 25.00 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee. C	Name of Employer Prime Therapeutics	Occupation Regional Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cory Super
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : SA11AI.5896

Amount of Each Receipt this Period
 25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.5946

Amount of Each Receipt this Period
 25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11AI.5995

Amount of Each Receipt this Period
 25.00

payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cory Super
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Regional Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer PrimeTherapeutics Occupation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11AI.5948

Amount of Each Receipt this Period
19.25

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer PrimeTherapeutics Occupation Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : SA11AI.5997

Amount of Each Receipt this Period
19.25

payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **63.50**

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 56 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ann Tobin		Date of Receipt MM / DD / YYYY 06 / 19 / 2015 Transaction ID : SA11AI.6045
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 79.25 payroll deduction
City Eagan	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	C	
Name of Employer PrimeTherapeutics	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.25	

Full Name (Last, First, Middle Initial) B. David Walsh		Date of Receipt MM / DD / YYYY 03 / 27 / 2015 Transaction ID : SA11AI.5751
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 30.00 payroll deduction
City Eagan	State MN	Zip Code 55105
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) C. David Walsh		Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.5803
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 30.00 payroll deduction
City Eagan	State MN	Zip Code 55105
FEC ID number of contributing federal political committee.	C	
Name of Employer Prime Therapeutics	Occupation Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	79.25
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : SA11AI.5852
 Amount of Each Receipt this Period
 30.00
 payroll deduction

B. David Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Compliance
 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
 05 / 08 / 2015
Transaction ID : SA11AI.5900
 Amount of Each Receipt this Period
 30.00
 payroll deduction

C. David Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.5950
 Amount of Each Receipt this Period
 30.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 58 OF 63
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Compliance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.5999
 Amount of Each Receipt this Period
 30.00
 payroll deduction

B. David Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Compliance
 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 / 19 / 2015
Transaction ID : SA11AI.6047
 Amount of Each Receipt this Period
 30.00
 payroll deduction

C. Troy Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation Vice President
 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
 04 / 24 / 2015
Transaction ID : SA11AI.5853
 Amount of Each Receipt this Period
 25.00
 payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
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 59 OF 63
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55105
---------------	-------------	-------------------

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

Name of Employer Prime Therapeutics	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11AI.5901

Amount of Each Receipt this Period

250.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55105
---------------	-------------	-------------------

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

Name of Employer Prime Therapeutics	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.5951

Amount of Each Receipt this Period

25.00

 payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan	State MN	Zip Code 55105
---------------	-------------	-------------------

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

Name of Employer Prime Therapeutics	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.6000

Amount of Each Receipt this Period

25.00

 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 60 OF 63
(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 (Last, First, Middle Initial)
A. Troy Ward

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55105

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

Name of Employer Prime Therapeutics Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11AI.6048

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Pharmacy Networks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
25.00

payroll deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation VP Pharmacy Networks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period
25.00

payroll deduction

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jay Witter
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP Pharmacy Networks
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period

25.00

 payroll deduction

B. Jay Witter
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP Pharmacy Networks
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

Transaction ID : SA11AI.6001

Amount of Each Receipt this Period

25.00

 payroll deduction

C. Jay Witter
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Corporate Center Dr

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

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

Name of Employer Prime Therapeutics	Occupation VP Pharmacy Networks
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.6049

Amount of Each Receipt this Period

25.00

 payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	8538.42

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ron KIND

Mailing Address 205 5TH AVENUE SOUTH

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

Transaction ID : SB23.5646

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Michelle Lujan-Grisham

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SB23.5701

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

Transaction ID : SB23.5647

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. BEN SASSE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1976

City FREMONT State NE Zip Code 68026

Purpose of Disbursement

Candidate Name

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

Date of Disbursement: MM / DD / YYYY
06 / 12 / 2015

Transaction ID : **SB23.5953**

Amount of Each Disbursement this Period: 1000.00

Category/Type:

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶ 4000.00