

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

ADDRESS (number and street) 1305 CORPORATE CENTER DRIVE

Check if different than previously reported. (ACC) EAGAN MN 55121

2. **FEC IDENTIFICATION NUMBER** ▼ C00498105 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
<small>(Non-Election Year Only)</small> |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2016

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

Type or Print Name of Treasurer Aaron Rodriguez

Signature of Treasurer Aaron Rodriguez *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 04 / 11 / 2016

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

Office Use Only									
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**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="2016"/>	<input type="text" value="46166.47"/>	<input type="text" value="46166.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46166.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5907.50"/>	<input type="text" value="5907.50"/>
(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="52073.97"/>	<input type="text" value="52073.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2046.89"/>	<input type="text" value="2046.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50027.08"/>	<input type="text" value="50027.08"/>
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)

Write or Type Committee Name

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

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).....	1305.50	1305.50
(ii) Unitemized	4602.00	4602.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5907.50	5907.50
(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)	5907.50	5907.50
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))..... ▶	5907.50	5907.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5907.50	5907.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1046.89	1046.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1046.89	1046.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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)) ..	2046.89	2046.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2046.89	2046.89

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)	5907.50	5907.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5907.50	5907.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1046.89	1046.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1046.89	1046.89

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

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

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

Full Name (Last, First, Middle Initial) A. Rob Behler		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 Transaction ID : SA11AI.7052
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 37.50
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation General Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

Full Name (Last, First, Middle Initial) B. James DuCharme		Date of Receipt MM / DD / YYYY 02 / 12 / 2016 Transaction ID : SA11AI.6922
Mailing Address 1305 corporate center dr		Amount of Each Receipt this Period 96.00
City eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
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 ▼ 288.00

Full Name (Last, First, Middle Initial) C. James DuCharme		Date of Receipt MM / DD / YYYY 02 / 26 / 2016 Transaction ID : SA11AI.6968
Mailing Address 1305 corporate center dr		Amount of Each Receipt this Period 96.00
City eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
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 ▼ 384.00

SUBTOTAL of Receipts This Page (optional).....▶	229.50
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 7 OF 13
<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. 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 ▼ 480.00

Date of Receipt 03 / 11 / 2016
Transaction ID : SA11AI.7013

Amount of Each Receipt this Period 96.00

Memo Item
 Payroll Deduction

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

Mailing Address 1305 corporate center dr

City eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics LLC Occupation Chief Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 25 / 2016
Transaction ID : SA11AI.7060

Amount of Each Receipt this Period 96.00

Memo Item
 Payroll Deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2016
Transaction ID : SA11AI.7019

Amount of Each Receipt this Period 50.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Ellyn Hosch		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 Transaction ID : SA11AI.7065
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation Chief Information Officer	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. Nathan Meyer		Date of Receipt MM / DD / YYYY 02 / 12 / 2016 Transaction ID : SA11AI.6938
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP enterprise planning	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

Full Name (Last, First, Middle Initial) C. Nathan Meyer		Date of Receipt MM / DD / YYYY 02 / 26 / 2016 Transaction ID : SA11AI.6984
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP enterprise planning	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

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

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

Full Name (Last, First, Middle Initial) A. Nathan Meyer		Date of Receipt MM / DD / YYYY 03 / 11 / 2016 Transaction ID : SA11AI.7029
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP enterprise planning	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. Nathan Meyer		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 Transaction ID : SA11AI.7076
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 75.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer Prime Therapeutics Occupation VP enterprise planning	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

Full Name (Last, First, Middle Initial) C. Cameron Olig		Date of Receipt MM / DD / YYYY 03 / 11 / 2016 Transaction ID : SA11AI.7031
Mailing Address 1305 Corporate Center Dr		Amount of Each Receipt this Period 50.00
City Eagan State MN Zip Code 55121	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
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 ▼ 250.00

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 10 OF 13
<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. 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 03 / 25 / 2016
Transaction ID : SA11AI.7078

Amount of Each Receipt this Period 50.00

Memo Item
 Payroll Deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 02 / 12 / 2016
Transaction ID : SA11AI.6945

Amount of Each Receipt this Period 96.00

Memo Item
 Payroll Deduction

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

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

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

Name of Employer Prime Therapeutics Occupation General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt 02 / 26 / 2016
Transaction ID : SA11AI.6991

Amount of Each Receipt this Period 96.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
	<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 ▼ 480.00

Date of Receipt 03 / 11 / 2016
Transaction ID : SA11AI.7036
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

B. Aaron Rodriguez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Corporate Center Dr
 City Eagan State MN Zip Code 55121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Therapeutics Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt 03 / 25 / 2016
Transaction ID : SA11AI.7082
 Amount of Each Receipt this Period 96.00
 Memo Item
 Payroll Deduction

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.00
TOTAL This Period (last page this line number only).....▶	1305.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Prime Therapeutics LLC

Mailing Address 1305 Corporate Center Dr

City Eagan State MN Zip Code 55121

Purpose of Disbursement
Prime Workforce Reimbursement Operating Expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)		Date of Disbursement MM / DD / YYYY 03 / 24 / 2016
Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740		Transaction ID : SB23.7103
City WASHINGTON State DC Zip Code 20004	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Category/Type		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00