

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

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

A. Hoffman, Thomas, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP) & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 17 / 2019

Transaction ID : SA11AI.11406

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

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

B. Hoffman, Thomas, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP) & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2019

Transaction ID : SA11AI.11464

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

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

C. Hoffman, Thomas, , ,

Mailing Address 2900 Ames Crossing Rd

City
Eagan

State
MN

Zip Code
55121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prime Therapeutics

Occupation (for Individual)

Vice President (VP) & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2019

Transaction ID : SA11AI.11516

Amount of Each Receipt this Period

25.00

☐ Memo Item
☐ Payroll Deduction

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

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

75.00