

**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

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

ADDRESS (number and street)

1600 WEST MERIT PARKWAY

Check if different
than previously
reported. (ACC)

SOUTH JORDAN

UT

84095

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00475343

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

FREDDE, GREG, , ,

Signature of Treasurer

FREDDE, GREG, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2026 To: MM / DD / YYYY 07 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY YYYY		65683.47
(b) Cash on Hand at Beginning of Reporting Period.....	69087.14	
(c) Total Receipts (from Line 19)	1325.34	9940.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70412.48	75623.52
7. Total Disbursements (from Line 31)	45.33	5256.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70367.15	70367.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)**For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov**

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	6

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).....	1253.80	7849.70
(ii) Unitemized	71.54	2090.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1325.34	9940.05
(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)	1325.34	9940.05
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))	1325.34	9940.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1325.34	9940.05

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	45.33	256.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	45.33	256.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45.33	5256.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45.33	5256.37

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1325.34	9940.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1325.34	9940.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	45.33	256.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	45.33	256.37

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

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

FOR LINE NUMBER: PAGE 6 OF 9
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

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

A. FREDDE, GREGORY, , ,

Mailing Address 3195 DAYBREAKER DR

City
PARK CITY

State
UT

Zip Code
84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
EX VP, BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

MM / DD / YYYY
07 / 09 / 2026

Transaction ID : B000392S000001L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

B. FREDDE, GREGORY, , ,

Mailing Address 3195 DAYBREAKER DR

City
PARK CITY

State
UT

Zip Code
84098

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
EX VP, BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

MM / DD / YYYY
07 / 23 / 2026

Transaction ID : B000393S000001L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

C. KNORPP, JOHN, , ,

Mailing Address 13015 CHANDLER BOY COURT

City
RIVERTON

State
UT

Zip Code
84065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
CHIEF REGULATORY AFFAIRS OFFIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2026

Transaction ID : B000392S000003L11A1

Amount of Each Receipt this Period

50.00

☐ Memo Item

PAYROLL DEDUCTION

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

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

434.60

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 9
(check only one)

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

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NAME OF COMMITTEE (In Full)

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

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

A. KNORPP, JOHN, , ,

Mailing Address 13015 CHANDLER BOY COURT

City
RIVERTON

State
UT

Zip Code
84065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
CHIEF REGULATORY AFFAIRS OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
07 / 23 / 2026

Transaction ID : B000393S000003L11A1

Amount of Each Receipt this Period

50.00

☐ Memo Item

PAYROLL DEDUCTION

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

B. PARRA, RAUL, , ,

Mailing Address 9616 N 5650 W

City
HIGHLAND

State
UT

Zip Code
84003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

MM / DD / YYYY
07 / 09 / 2026

Transaction ID : B000392S000005L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

C. PARRA, RAUL, , ,

Mailing Address 9616 N 5650 W

City
HIGHLAND

State
UT

Zip Code
84003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INC

Occupation (for Individual)
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

MM / DD / YYYY
07 / 23 / 2026

Transaction ID : B000393S000005L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

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

434.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 9
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

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

A. PETERSON, NEIL, , ,

Mailing Address 5892 WEST WILDFLOWER COURT

City
HIGHLANDState
UTZip Code
84003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INCOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

Transaction ID : B000392S000006L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

B. PETERSON, NEIL, , ,

Mailing Address 5892 WEST WILDFLOWER COURT

City
HIGHLANDState
UTZip Code
84003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERIT MEDICAL SYSTEMS INCOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2026

Transaction ID : B000393S000006L11A1

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAYROLL DEDUCTION

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

384.60

1253.80

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

PAGE 9 OF 9

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK, N.A.

Mailing Address PO BOX 63020

City
SAN FRANCISCOState
CAZip Code
94163

Purpose of Disbursement

BANK ACCOUNT ANALYSIS FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6		

FEC Identification Number

C**Transaction ID : B000394S000**

Amount of Each Disbursement this Period

45.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

45.33

45.33