



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value=""/>	<input type="text" value="65683.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68264.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1325.34"/>	<input type="text" value="3976.02"/>
(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="69589.53"/>	<input type="text" value="69659.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35.99"/>	<input type="text" value="105.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69553.54"/>	<input type="text" value="69553.54"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1153.80	2307.60
(ii) Unitemized .....	171.54	1668.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1325.34	3976.02
(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	3976.02
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	3976.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1325.34	3976.02

**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 .....	35.99	105.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35.99	105.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	35.99	105.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35.99	105.95

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1325.34	3976.02
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	3976.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35.99	105.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35.99	105.95

**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 8
<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)  
**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC**

**A. FREDDE, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt **03 / 05 / 2026**  
**Transaction ID : B000379S000001L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

**B. FREDDE, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt **03 / 19 / 2026**  
**Transaction ID : B000378S000001L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

**C. PARRA, RAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt **03 / 05 / 2026**  
**Transaction ID : B000379S000005L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 8
	<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)  
**MERIT MEDICAL SYSTEMS INC EMPLOYEE GOOD GOVERNANCE PAC**

**A. PARRA, RAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1153.80

Date of Receipt 03 / 19 / 2026  
**Transaction ID : B000378S000005L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

**B. PETERSON, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5892 WEST WILDFLOWER COURT  
 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 OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 05 / 2026  
**Transaction ID : B000379S000006L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

**C. PETERSON, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5892 WEST WILDFLOWER COURT  
 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 OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 19 / 2026  
**Transaction ID : B000378S000006L11A1**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
**PAYROLL DEDUCTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	1153.80

**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"/> 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)

**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 FRANCISCO

State  
CA

Zip Code  
94163

Purpose of Disbursement  
BANK ACCOUNT ANALYSIS FEE

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2026

FEC Identification Number

C

Transaction ID : B000380S000

Amount of Each Disbursement this Period

35.99

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

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

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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)..... ▶

35.99

35.99