

EXHIBIT 1

KARL STORZ ENDOSCOPY-AMERICA INC.
2151 E. GRAND AVENUE
EL SEGUNDO, CALIFORNIA 90245-5017
US-PAYROLL@KARLSTORZ.COM

Earnings Statement



Period Beginning: 11/24/2025
Period Ending: 12/07/2025
Pay Date: 12/12/2025

Filing Status:
Exemptions/Allowances:
Federal:

BRANDIE D BRUCE MINCEY

Social Security Number:

Earnings	rate	hours	this period	year to date	Other	this period	year to date
Regular	28.6500	64.00	1,833.60	42,802.26	401(K) Loan	-61.46	1,167.74
Overtime	42.9750	9.80	421.16	5,225.88	Limited Fsa		2,612.50
Holiday Pay	28.6500	16.00	458.40	2,049.12	Pre-Tax Dental		47.50
LTD Fringe			5.44	129.68	Pre-Tax Medical		1,377.50
Premium (MP)	28.6500	1.00	28.65	314.01	Taxable Fringe		80.00
Bereavement				687.60	Vision Buy-up		76.00
Doubletime				148.98	401(K)		701.71
Float Holiday				449.28	Net Pay	\$2,357.91	
Makeup				274.37	Checking	-2,357.91	2,357.91
Sick				2,280.11	Checking		26,473.60
Taxable Fringe				98.86	Checking		14,915.81
Vacation				3,133.26	Net Check	\$0.00	
Gross Pay			\$2,747.25	57,593.41			

Deductions	Statutory		
	Social Security Tax	-170.33	3,315.75
	Medicare Tax	-39.84	775.46
	CA State Income Tax	-24.66	1,602.25
	CA SDI Tax	-32.97	668.76
	Federal Income Tax		150.85
	Other		
	Accident Ins	-7.49	151.23
	Critcl Illness	-8.88	181.36
	Hospital Indem	-17.87	358.64
	L T D Fringe	-5.44	129.68
	Legal Shield	-9.48	208.56
	Voluntary Life	-10.92	240.60

Your federal taxable wages this period are
\$2,747.25

Other Benefits and Information	this period	total to date
Hours Worked	73.80	
Sick Available	0.00	
Hsa Er Contrib	0.00	2,250.00
401(K) Er Match	0.00	421.03

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (424) 218-8100

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Advice number: 00000501546
Pay date: 12/12/2025

Deposited to the account of	account number	transit	ABA	amount
BRANDIE D BRUCE MINCEY				\$2,357.91

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	
ZXL	803722	060101	MAIL	0000501546	1

Page 2

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Filing Status: [REDACTED]
Exemptions/Allowances:
Federal: [REDACTED]

BRANDIE D BRUCE MINCEY

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

Social Security Number: [REDACTED]

BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
CA: [REDACTED]
Exemptions/Allowances:
CA: [REDACTED]

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CONTINUED FROM PRIOR PAGE
YOUR VOUCHER IS PROVIDED ON PAGE 1

THIS IS NOT A CHECK

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