



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		16943.91
(b) Cash on Hand at Beginning of Reporting Period.....	18670.08	
(c) Total Receipts (from Line 19) .....	6949.23	8675.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25619.31	25619.31
7. Total Disbursements (from Line 31).....	11000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14619.31	14619.31
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	2215.16	2215.16
(ii) Unitemized .....	4734.07	6438.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6949.23	8653.23
(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) .....	6949.23	8653.23
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	22.17
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)).....▶	6949.23	8675.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6949.23	8675.40

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
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)) ..	11000.00	11000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	11000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<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) .....	6949.23	8653.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6949.23	8653.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# 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 12
<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)  
**Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)**

**A. Kowal, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Hansen Way  
 City Palo Alto State CA Zip Code 94304-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Varian Medical Systems VP, Domestic Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 03 / 29 / 2024  
**Transaction ID : ACEF6F1B9C0304A44A77**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction: \$50.00/Bi-Weekly

**B. Deluca, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Hansen Way  
 City Palo Alto State CA Zip Code 94304-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Varian Medical Systems Accountant V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 03 / 29 / 2024  
**Transaction ID : A2DBA26E67D8F4DAB831**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction: \$50.00/Bi-Weekly

**C. Snyder, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Hansen Way  
 City Palo Alto State CA Zip Code 94304-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Varian Medical Systems Sr Mgr Installations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 03 / 29 / 2024  
**Transaction ID : AF97404CE425B457E8D5**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction: \$50.00/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 12
	<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)  
**Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)**

**A. Kuskowski, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 City Washington State DC Zip Code 20001-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) Government Affairs Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.73

Date of Receipt 03 / 29 / 2024  
**Transaction ID : AB7FC422C79C24F618E4**  
 Amount of Each Receipt this Period 265.82  
 Memo Item  
 Payroll Deduction: \$132.91/Bi-Weekly

**B. Semone, K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 Benedict Ave  
 City Tarrytown State NY Zip Code 10591-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Healthcare Diagnostics Occupation (for Individual) Quality Management Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.97

Date of Receipt 03 / 29 / 2024  
**Transaction ID : AF42A62B19D994B47A11**  
 Amount of Each Receipt this Period 269.98  
 Memo Item  
 Payroll Deduction: \$134.99/Bi-Weekly

**C. Kruse, Brent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Liberty Blvd  
 City Malvern State PA Zip Code 19355-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) Region Business Area Head (SHS only)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 474.21

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A6A5165146D924029B1D**  
 Amount of Each Receipt this Period 316.14  
 Memo Item  
 Payroll Deduction: \$158.07/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	851.94
<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 8 OF 12
	<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)  
**Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)**

**A. Sampath, Rangarajan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 Potter St  
 City Berkeley State CA Zip Code 94710-2722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Healthcare Diagnostics Occupation (for Individual) R&D Strategy Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt 03 / 29 / 2024  
**Transaction ID : AA5C7F44C2E2244298E8**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 Payroll Deduction: \$192.31/Bi-Weekly

**B. Bertrand, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Liberty Blvd  
 City Malvern State PA Zip Code 19355-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) Sales Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.06

Date of Receipt 03 / 29 / 2024  
**Transaction ID : AF038C0DA54F0474EBE1**  
 Amount of Each Receipt this Period 87.02  
 Memo Item  
 Payroll Deduction: \$87.02/Bi-Weekly

**C. Nabavi, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 City Washington State DC Zip Code 20001-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) Government Affairs Professional  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 286.62

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A639A452E5A7140EB871**  
 Amount of Each Receipt this Period 95.54  
 Memo Item  
 Payroll Deduction: \$95.54/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	567.18
<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 9 OF 12
	<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)  
Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)

**A. Mallin, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Liberty Blvd  
 City Malvern State PA Zip Code 19355-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) Project Management Office (PMO) Hea  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.30

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A46A25B55A95845BFBA8**  
 Amount of Each Receipt this Period 86.10  
 Memo Item  
 Payroll Deduction: \$86.10/Bi-Weekly

**B. Paseltiner, Philip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 Liberty Blvd  
 City Malvern State PA Zip Code 19355-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Medical Solutions USA, Inc. Occupation (for Individual) General Counsel (Country)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 29 / 2024  
**Transaction ID : A8B9E277187CA4B0992A**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction: \$80.00/Bi-Weekly

**C. Roberts, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 Benedict Ave  
 City Tarrytown State NY Zip Code 10591-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Siemens Healthcare Diagnostics Occupation (for Individual) Project Manager Internal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 277.89

Date of Receipt 03 / 29 / 2024  
**Transaction ID : AB829E016C16B47D2881**  
 Amount of Each Receipt this Period 92.63  
 Memo Item  
 Payroll Deduction: \$92.63/Bi-Weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.73
<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: PAGE 10 OF 12  
(check only one)

<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)  
**Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Rusackas, Seth, , ,**

Mailing Address **116 N Robertson Blvd  
Ste 400**

City **Los Angeles** State **CA** Zip Code **90048-3100**

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

Name of Employer (for Individual) **Siemens Healthcare Diagnostics** Occupation (for Individual) **Service Operations Manager**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.93**

Date of Receipt  
**03 / 29 / 2024**

**Transaction ID : A986F1ED4338A4ACC850**

Amount of Each Receipt this Period  
**87.31**

Memo Item

Payroll Deduction: \$87.31/Bi-Weekly

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>87.31</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2215.16</b>

# 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"/> 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)

Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)

Full Name (Last, First, Middle Initial)

**A. Dr John Joyce For Congress**

Mailing Address 5827 Colfax Ave

City  
Alexandria

State  
VA

Zip Code  
22311-1013

Purpose of Disbursement

Contribution to Committee

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	2	4		

FEC Identification Number

**C** C00674259

**Transaction ID : B6F21AB58E**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr John Joyce For Congress**

Mailing Address 5827 Colfax Ave

City  
Alexandria

State  
VA

Zip Code  
22311-1013

Purpose of Disbursement

Contribution to Committee

Candidate Name

Joyce, John, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	2			2	0	2	4		

FEC Identification Number

**C** C00674259

**Transaction ID : B24ACC0FE7**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 22401

City  
Louisville

State  
KY

Zip Code  
40252-0401

Purpose of Disbursement

Contribution to Committee

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9			2	0	2	4		

FEC Identification Number

**C** C00445023

**Transaction ID : B70A7FF5B4**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7500.00

**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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Siemens Healthineers PAC (The Employee Funded Political Action Committee Of Siemens Medical Solutions USA, Inc.)

Full Name (Last, First, Middle Initial)

A. Together Holding Our Majority PAC (THOM PAC)

Mailing Address PO Box 97396

City Raleigh

State NC

Zip Code 27624-7396

Purpose of Disbursement Contribution to Committee

Candidate Name

Together Holding Our Majority PAC (THOM PAC)

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 03 / 12 / 2024

FEC Identification Number

C00571323

Transaction ID : B361B6F5AF

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Smart Solutions PAC

Mailing Address PO Box 15854

City Washington

State DC

Zip Code 20003-0854

Purpose of Disbursement Contribution to Committee

Candidate Name

Smart Solutions PAC

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 03 / 12 / 2024

FEC Identification Number

C00654475

Transaction ID : BE53D09C87

Amount of Each Disbursement this Period

1000.00

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

Date of Disbursement: / /

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).....

3500.00

11000.00