NOVA - DV - DI - DV - DDV BDVBB

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

FEC MAILCENTER

2024 JAN 31 PH 3: 21

Office Use Only

| 1. NAME COMMIT | OF . TEE (in full) | TYPE OR PRINT ▼ | | mple: If typing r the lines. | g, type | 12FE4M | 5 | | |
|---|---|--------------------------|----------------------|---------------------------------|--------------------|---|-------------------|------------------|-----------------------------------|
| MUNICH, AMERICAN, REASSURANCE COMPANY PAC INC | | | | | | | | | |
| | | <u> </u> | | 4 4 4 4 4 | | | | 11 | |
| ADDRESS (n | umber and street) | 3500 LENOX ROAD |) NE | | | 111 | | | |
| | ck if different | SUITE 900 | | | <u> </u> | 111 | | | |
| | orted. (ACC) | ATLANTA | <u> </u> | | LL L | GA | 30326 | 4 | 231 |
| 2. FEC ID | ENTIFICATION N | UMBER ▼ | CITY A | | S' | TATE A | ZIP | CODE 4 | |
| C 0 | 0504316 | | 3. IS THIS REPORT | X NE | EW I) OR | AA (A | MENDED) | | |
| 4. TYPE (Choose | OF REPORT One) | (b) Monthly Report | Feb 20 (M2) | Пм | ay 20 (M5) | Aug | 20 (M8) · | (Non | / 20 (M11) I-Election Only) |
| (a) Qua | nterly Reports: | Due On: | Mar 20 (M3) | Ju | un 20 (M6) | Sep | 20 (M9) | Dec (Non | c 20 (M12) i-Election Only) |
| п | April 15 | | Apr 20 (M4) | Ju | ul 20 (M7) | Oct | 20 (M10) | Jan | 31 (YE) |
| | Quarterly Report (C | (c) _{12-Day} | | Primary (12P) | | General | (12G) | Run | off (12R) |
| | Quarterly Report (0 October 15 | Report for | | Convention (1 | 2C) | Special | (128) | | |
| × | Quarterly Report (C January 31 Year-End Report (Y | | Election on | H H / | 0 10 / | , , , , , , , , , , , , , , , , , , , | | the ate of | |
| | July 31 Mid-Year Report (Non-election Year Only) (MY) | POST-Elec | <u></u> | General (30G) |) [| Runoff (| 30R) | Spe | cial (30S) |
| | Termination Report (TER) | Report for | the: | F N / | י פֿרס | 7 • • • | | the ate of | |
| 5. Covering | Period 07 | M / 01 P / 20 | Ž3 | through | 12 | 31 | ^v 2023 | | |
| I certify that | I have examined the | nis Report and to the t | est of my kno | wledge and be | elief it is true | e, correct an | d complete. | | |
| Type or Print | Name of Treasure | PAIGE S. FREE | MAN | | | | | | |
| Signature of | Treasurer | Payol | | | Da | ate 01 | 30 | ['] 20: | ž4 ^v v |
| NOTE. Subm | ission of false, error | eous, or incomplete info | ormation may su | bject the person | on signing this | s Report to t | he penalties o | f 52 U.S. | .C. § 30109. |
| | fice se | | | | | | FEC F | ORM 3 | 3X |

2024 - DZ - DJ - DDAGDZGZ

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MUNICH AMERICAN REASSURANCE COMPANY PAC INC 2023 Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at 117.04 Beginning of Reporting Period..... 6750.00 6785.29 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 9482.3 6867.04 6(a) and 6(c) for Column B) 5096.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 1771.04 1771.04 (subtract Line 7 from Line 6(d))...... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

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

| | FEC Form 3X (Rev. 05/2016) | of Receipts | Page 3 |
|-----|---|---|--------------------------------|
| Wr | ite or Type Committee Name | | |
| | MUNICH AMERICAN REASSURANCE | COMPANY PAC INC | |
| Re | port Covering the Period: From 07 | 01 2023 | To: 12 / 31 / 2023 |
| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| | Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | 6750.00 27 22 22 22 22 22 22 22 22 22 22 22 22 2 | 6750.00 |
| | (b) Political Party Committees (c) Other Political Committees (such as PACs) | 6750.00 | 6750.00 |
| | Transfers From Affiliated/Other Party Committees | | |
| | Loan Repayments Received | | 35.20 |
| 16. | (Carry Totals to Line 37, page 5) | 0.00 | 35.29 |
| | Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) | 2 47 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | |
| | (b) Levin Funds (from Schedule H5) | | |
| | (c) Total Transfers (add 18(a) and 18(b)) | | |
| 19. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 6750.00 | 6785.29 |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)▶ | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B |
|-------------|---|---|--|
| 21. | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | Total Tills Period | Calendar Year-to-Date |
| | , (i) Federal Share | | |
| | | | |
| | (ii) Non-Federal Share | | · · |
| | (b) Other Federal Operating | | |
| | Expenditures | 96.00 | 211.29 |
| | (c) Total Operating Expenditures | | |
| | (add 21(a)(i), (a)(ii), and (b))▶ | 96 00 | 211.29 |
| 22 | Transfers to Affiliated/Other Party | | |
| ~~. | Committees | | · |
| 23. | Contributions to | | |
| | Federal Candidates/Committees and Other Political Committees | 5000.00 | 7500.00 |
| 24 | • | 3000.00 | [|
| 24. | Independent Expenditures (use Schedule E) | | |
| 25. | Coordinated Party Expenditures | 72 1 27 | |
| | (52 U.S.C. § 30116(d)) (use Schedule F) | | |
| | (use schedule r) | | |
| 00 | Lasa Canaumanta Mada | | · |
| 26. | Loan Repayments Made | D 0 432 0 R 432 R D 432 R | 7. 7. 538 R A 478 A A 473 A |
| | | | |
| | Loans Made | | n o sea o n sea o n |
| 20. | (a) Individuals/Persons Other | | |
| | Than Political Committees | | |
| | | | |
| | (b) Political Party Committees | | |
| | (c) Other Political Committees | 423-4-423-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | |
| | (such as PACs) | | |
| | (d) Total Contribution Refunds | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | (add Lines 28(a), (b), and (c)) | | |
| | (add Lines 20(a), (b), and (c)) | | A 47 4 1 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 |
| 00 | Other Biohomooneeds (Inchedian | · | |
| 29. | Other Disbursements (Including | | |
| | Non-Federal Donations) | 7 n 475 n n 472 n E 504 n | R B 472 B B 514 B B 514 B |
| 20 | Federal Election Activity (52 U.S.C. § 30101(| 2011 | |
| 3 0. | | | |
| | (a) Allocated Federal Election Activity | | · |
| | (from Schedule H6) | | |
| | (ı) Federal Share | | 4 |
| | • | | |
| | (ii) "Levin" Share | | |
| | (b) Federal Election Activity Paid | | |
| | Entirely With Federal Funds | | |
| | (c) Total Federal Election Activity (add | | 1 |
| | Lines 30(a)(i), 30(a)(ii) and 30(b)) | | |
| | | 77: 4 - 77: 1 | |
| 24 | Total Dishursements (add Lines 21/a) 22 | | • |
| | Total Disbursements (add Lines 21(c), 22, | | |
| • | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 5096.00 | 7711.29 |
| 20 | Total Federal Disbursements | Continued to the second | |
| 32. | | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | Janes Company of the | land market harden almost and market of |
| | from Line 31) | | |
| | | | |
| | • | | |

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) | 6750.00 | 67.50 | | | |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | <i>1</i> 35 | | | |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6750.00 | 6750 | | | |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 96.00 | | | | |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 2, 0,00 | 0.0 | | | |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 96.00 | 211 | | | |

| SCHEDULE A (FEC FOIII 3A) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 1 OF 2 (check only one) | | | | |
|--|---|---|--|--|--|--|
| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | 11a 11b 11c X 12 | | | | |
| 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) | | | | | | |
| MUNICH AMERICAN REASSURANCE COMPANY | PAC INC | | | | | |
| Full Name of Individual (Last, First, Middle Initial) or Full O. MORANT, TIMOTHY D. | organization Name | Date of Receipt | | | | |
| Mailing Address 6150 DOVE FIELD COURT | | 109 M / 14 D / 2023 | | | | |
| City State GA GA | Zip Code 30092 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | | ,, 1000.00 | | | | |
| MUNICH RE CF | upation (for Individual) HIEF RISK OFFICER | Memo Item | | | | |
| Receipt For: Primary | Year-to-Date ▼ 1000.00 | | | | | |
| Full Name of Individual (Last, First, Middle Initial) or Full C 3. GUZMAN, GINA | organization Name | Date of Receipt | | | | |
| Mailing Address 4413 CLEEK COURT | Tan a d | 09 18 2023 | | | | |
| City FERNANDINA BEACH FL | Zip Code 32034 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing tederal political committee. | | 500.00 | | | | |
| Name of Employer (for Individual) MUNICH RE Occ VF | supation (for Individual) 2 & MEDICAL DIRECTOR | Memo Item | | | | |
| Receipt For: Primary General Aggregate | Year-to-Date ▼ | | | | | |
| Other (specify) ▼ | 500.00 | | | | | |
| Full Name of Individual (Last, First, Middle Initial) or Full C GIGUERE, MARC-ANDRE | Organization Name | Date of Receipt | | | | |
| Mailing Address 21 LAKEWOOD MANOR ROAD | | M 09 ¹ / 22 ⁰ / 2023 | | | | |
| NEWBURY State NH | Zip Code 03255-5955 | Amount of Each Receipt this Period | | | | |
| FEC ID number of contributing federal political committee. | | , , , 3000.00 | | | | |
| MUNICH RE PF | upation (for Individual) RESIDENT AND CEO | Memo Item | | | | |
| Receipt For: Primary General Other (specify) Aggregate | Year-to-Date ▼ 3000.00 | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | | | | |
| TOTAL This Period (last page this line number only) | | | | | | |

| • 🤈 |
|-------------|
| 슾 |
| Ď |
| Ħ, |
| 2 |
| - |
| |
| |
| _ |
| |
| |
| |
| - |
| ÷ |
| , ea, |
| |
| r. |
| T. |
| |
| Ξ. |
| 7 31 |
| 9 |
| Α. |
| 3 |
| _ |
| _ |
| E# |
| E. |
| Ш |
| |
| 4 |
| |
| Ю. |
| P |
| 1 |
|) |
| 6 |
| 7 |
| 4 |
| 2 |
| सिर |
| |
| |

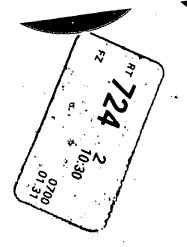
| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | | 1 | | FOR LINE NUMBER: PAGE OF (check only one) | | | | | | |
|--|--|--------------------------|--|---------------------------|---|---------------------|--------|------------|---------|--------|---------------|
| • • • | -millo meden 10 | | Detailed Summary Page | | 11a | $\bigcap_{i=1}^{1}$ | ib [| 11c | X 1: | | |
| | y information copied from such Reports and S for commercial purposes, other than using the | | | | for the | purpo | se of | solicitin | g conti | ributi | ons |
| 101 | NAME OF COMMITTEE (In Full) | name and a | iddress of any political committee | e io s | SOIICIL COI | IIIDUI | 0115 | ioni suc | ii com | mille | . |
| \rangle | MUNICH AMERICAN REASSURANCE COMP | ANY PAC IN | C . | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini FREEMAN, PAIGE SMITH | tial) or Full C | organization Name | | Date of | Rece | ipt | | | | |
| | Mailing Address 988 WILDWOOD ROAD NE | | | | 09 / 25 / 2023 . | | | | | | Ţ |
| | City ATLANTA | State | Zip Code 30306 | | Amoun | of E | ach F | Receipt t | his Pei | riod | |
| | FEC ID number of contributing federal political committee. | С | | | | 473 | | . <u> </u> | 125 | 50.00 | N . |
| | Name of Employer (for Individual) MUNICH RE | I | upation (for Individual) NERAL COUNSEL & SECT) | , | М | emo l | em | | ٠ | | |
| | Receipt For. Primary General | Aggregate Year-to-Date ▼ | | | | | | | | | |
| | Other (specify) ▼ | - | 72-1-02-1-02-1-02-1-03-1-03-1-03-1-03-1-0 | | | | | | | | |
| В. | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ATKINSON, AMY LAPIERRE | | | | | f Rece | eipt | | | | |
| | Mailing Address 1610 NOTTINGHAM WAY, NE | : 1 | | 09 25 2023 | | | | | 7 | | |
| | City ATLANTA | State GA | Zip Code 30309 | _ | Amoun | t of E | ach F | Receipt t | his Pe | rıod | |
| | FEC ID number of contributing federal political committee. | | | | -0 | | -A172- | 500 | 0.00 | | |
| | Name of Employer (for Individual) MUNICH RE | | supation (for Individual) EUPTY GENERAL COUNSEI | | LIM | emo I | tem | | | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | ا - | | | | | | | |
| | Other (specify) ▼ | L | <u>\$</u> 500,00 | | | | | | | | |
| C. | Full Name of Individual (Last, First, Middle In COX, JINNAH | itial) or Full C | Organization Name | | Date o | f Rece | eipt | | | | |
| | Mailing Address 175 GLADWYNE RIDGE DRIVE | 120-2 | | 10 | | 03 |] [| 2023 | | Y i | |
| | City' ALPHARETTA | Zip Code 30004 | | Amount of Each Receipt th | | | | | riod | | |
| | FEC ID number of contributing federal political committee. | | | | | | | 500 | .00 | | |
| | Name of Employer (for Individual) MUNICH RE | | upation (for Individual) & ACTUARY | | . . ∾ | lemo I | tem | | | | • |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | _ | | | • | | | | |
| | Other (specify) | | 5,00.00 | | | | | | | | |

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

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

6750.00

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) MUNICH AMERICAN REASSURANCE COMPANY PAC INC Full Name (Last, First, Middle Initial) A. SCHNEIDER FOR CONGRESS Mailing Address PO Box 1318 City DEERFIELD Purpose of Disbursement CONTRIBUTION Gandidate Name BRAD SCHNEIDER Office Sought: Y House President State President State Disbursement CONTRIBUTION Eull Name (Last, First, Middle Initial) B. LAHOOD FOR CONGRESS Mailing Address 100 NE MONROE STREET, ROOM 100 City PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD City PEORIA Full Name (Last, First, Middle Initial) B. LAHOOD FOR CONGRESS Mailing Address 100 NE MONROE STREET, ROOM 100 City PEORIA Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period FEC Identification Number Contributions FEC Identification Number Contribution Category/ Type Date of Disbursement CONTRIBUTION For Category/ Type Memo Item FEC Identification Number Contribution Number Contribution Cadegory/ Type Memo Item FEC Identification Number Contribution Number Contribution Number Contribution Number Contribution Category/ Type Memo Item FEC Identification Number Contribution Category/ Type Memo Item FEC Identification Number Contribution Category/ Type Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item FEC Identification Number Contribution Contribution Amount of Each Disbursement Inspectod Memo Item FILL Name (Last, First, Middle Initial) Contribution Number Contribution Number Contribution Contribution Number Category/ Type Memo Item | S | CHEDULE B (FEC Form 3X) | FOR LINE | | | NUMBER: PAGE 11 OF | | | |
|--|------------------------|--|---|---------------------------|--------------------|--|--|--|--|
| Detailed Surmany Page | ITEMIZED DISBURSEMENTS | | Use separate schedule(s) for each category of the | | ı · — · | | | | |
| Any Information copied from such Reports and Statements may not be sold or used by any gerson for the purpose of selecting contributions of for commercial purposes, other than using the name and address of any political committee to solicit committee. NAME OF COMMITTEE (in Full) MUNICH AMERICAN REASSURANCE COMPANY PAC INC Full harne (Last, Frist, Middle Initial) A. SCHNEIDER FOR CONGRESS Alliling Address PO Box 1318 Cray Description Candidate Name State il Disbursement CONTRIBUTION Candidate Name BRAD SCHNEIDER District Cry PEORIA Name (Last, Frist, Middle Initial) LAHOOD FOR CONGRESS 100 ME MONROE STREET, ROOM 100 Cry PEORIA Name (Last, Frist, Middle Initial) Candidate Name DARNI NAHOUS Disbursement For Congress 100 NE MONROE STREET, ROOM 100 Cry PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARNI NAHOUS Disbursement For Congress 100 NE MONROE STREET, ROOM 100 Cry PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARNI NAHOUS Crity State IL District Contributions from such read address of any political committee to solical | | • | | | 1 🗀 | | | | |
| 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) MUNICH AMERICAN REASSURANCE COMPANY PAC INC Full Name (Last, First, Middle Initial) SCHNEIDER FOR CONGRESS Malling Address PO Box 313B City DEERFIELD District CONTRIBUTION Condidate Name GRAD SCHNEIDER Office Sought: | Ar | ny information copied from such Reports and Staten | nents may | not be sold or use | | | | | |
| MUNICH AMERICAN REASSURANCE COMPANY PAC INC Full Name (Last, First, Middle Initial) A. SCHNEIDER FOR CONGRESS Mailing Address PO Box 1318 City DEERFIELD State Zip Code 60015 Purpose of Disbursement CONTRIBUTION Candidate Name BRAD SciNEIDER Office Sought: X House Disbursement For General Primary General 100 Ne MonXoe STREET, ROOM 100 City PEORIA President Office Sought: X House Disbursement For General 100 Ne MonXoe STREET, ROOM 100 City Peorial Name (Last, First, Middle Initial) State II. District Contribution Full Name (Last, First, Middle Initial) State II. District Contribution Full Name (Last, First, Middle Initial) State II. District Contribution Full Name (Last, First, Middle Initial) Candidate Name DARIN LAHOOD Office Sought: X House President Contribution Full Name (Last, First, Middle Initial) State II. District Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Senate President Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Contribution Full Name (Last, First, Middle Initial) Candidate Name Disbursement For Category' Disbursement For Contribution Memo Item Mamon Item Memo | or | for commercial purposes, other than using the name | ne and add | ress of any politica | committee to | solicit contributions from such committee. | | | |
| Full Name (Last, First, Middle Initial) A. SCHNEIDER FOR CONGRESS Mailing Address | Λ | NAME OF COMMITTEE (In Full) | | | | · | | | |
| A SCHNEIDER FOR CONGRESS Mailing Address | / | MUNICH AMERICAN REASSURANCE COM | IPANY PA | C INC | | | | | |
| SCHNEIDER FOR CONGRESS Mailing Address PG Box 1318 City DEERFIELD State Zip Code 60015 Purpose of Disbursement CONTRIBUTION Candidate Name BRAD SCHNEIDER Office Sought: X House Disbursement For Senate Disbursement For Senate Disbursement For G1602 President State II District Contribution Contribution Contribution Contribution Contribution Contribution Candidate Name DARIN LAHOOD Office Sought: Senate Disbursement For G1602 President State II District Contribution Candidate Name Clast, First, Middle Initial) State II District Contribution Contribution Candidate Name DARIN LAHOOD Office Sought: Senate Permay General Pormay General Primay General President State II District Contribution Contribution Candidate Name Clast, First, Middle Initial) Contribution Contribution Contribution Candidate Name Clast, First, Middle Initial) Contribution Contribution Contribution Contribution Candidate Name Clast, First, Middle Initial) Contribution Contribution Contribution Contribution Callegory/ Amount of Each Disbursement ins Period Callegory/ Amount of Each Disbursement ins Period Callegory/ Amount of Each Disbursement ins Period Contribution Candidate Name Callegory Amount of Each Disbursement ins Period Contribution Contribution Candidate Name Callegory Amount of Each Disbursement ins Period Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Callegory Amount of Each Disbursement ins Period Contribution | _ | Full Name (Last, First, Middle Initial) | | | | D | | | |
| Contribution Contribution Contribution Contribution Condidate Name BAD SCHNEIDER Office Sought: | А. | | MAN / Q.O. / VIVIV | | | | | | |
| DEERFIELD Purpose of Disbursement CONTRIBUTION Candidate Name BRAD Scheel Disbursement For Senate President State Disbursement For Senate President State President State Disbursement For Senate President State President State Disbursement For Senate President State Disbursement President State Disbursement Disbursement President State Disbursement Disbu | | PO Box 1318 | . | | | 2023 | | | |
| CONTRIBUTION Candidate Name BRAD SCHNEIDER Office Sought: | | DEERFIELD | State IL | · | | FEC Identification Number | | | |
| BRAD SCHNEIDER Office Sought: | | CONTRIBUTION | | | 011 | C 00495952 | | | |
| State il District Qiner (specify) Qeneral Prissident X Other (specify) Qeneral Qiner (specify) Qeneral Qiner (specify) Qeneral Qiner (specify) Qiner (sp | | BRAD SCHNEIDER | - | | | | | | |
| State il District: CONTRIBUTION Full Name (Last, First, Middle Initial) B. LAHOOD FOR CONGRESS Mailing Address 100 NE MONROE STREET, ROOM 100 City PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: Nersident State: Li District: Contribution Full Name (Last, First, Middle Initial) C. Mailing Address City Senate Purpose of Disbursement For Senate Primary General Office Sought: House Purpose of Disbursement Category/ Type Office Sought: House Primary General Office Sought: Memo Item Substortal of Disbursements This Page (optional). | | | | General | l | 2500.00 | | | |
| Mailing Address 100 NE MONROE STREET, ROOM 100 City PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: | | | | | | Memo Item | | | |
| Mailing Address City PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: Value | | Full Name (Last, First, Middle Initial) | | | | | | | |
| City PEORIA State IL District: CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: Senate Primary General President Contributes of Disbursement City State Zip Code 61602 FEC Identification Number Category/ Type Condidate Name Disbursement For Senate Primary General Contributes of Disbursement Contributes of Disbursement City State Zip Code FEC Identification Number Category/ Type Memo Item Fell Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) We Memo Item State: Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) We Memo Item Substortal of Disbursements This Page (optional) | В. | LAHOOD FOR CONGRESS | | | , | M M / D B / Y Y Y Y | | | |
| PEORIA Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: | | 100 NE MONROE STREET, ROOM 100 | 09 26 2023 | | | | | | |
| Purpose of Disbursement CONTRIBUTION Candidate Name DARIN LAHOOD Office Sought: X House President State: IL District: CONTRIBUTION Full Name (Last, First, Middle Initial) Callegory/ Type Date of Disbursement Callegory/ Type Date of Disbursement Callegory/ Type Date of Disbursement Callegory/ Type Tell Name Callegory/ Type Date of Disbursement Candidate Name Office Sought: House Senate Primary General Callegory/ Type FEC Identification Number Callegory/ Type Memo Item Substruct: Primary General Office Sought: House Senate President State: Disbursement For: Senate President Other (specify) State: Other (specify) Substruct: Memo Item Substruct: Memo Item Substruct: Memo Item | | | | FEC Identification Number | | | | | |
| Candidate Name DARIN LAHOOD Office Sought: | | Purpose of Disbursement | | | 011 | C 00575050 | | | |
| Office Sought: X House Senate Primary General Senate Primary General State: IL District: CONTRIBUTION Full Name (Last, First, Middle Initial) C. Date of Disbursement City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item State: District: Memo Item Substock Senate Primary General Other (specify) Memo Item Substock Substance Senate Primary General Other (specify) Memo Item | | | | , - | Category/ | Amount of Each Disbursement this Period | | | |
| State: IL District: Other (specify) CONTRIBUTION Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address. City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) Memo Item State: District: Substoctate Name (Specify) Memo Item Substoctate Name (Specify) Memo Item | | | nent For | | | 2500.00 | | | |
| State: IL District: CONTRIBUTION Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item Substoctal Disbursements This Page (optional) | | | , | | | | | | |
| City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Memo Item Subtroctal of Disbursement Date of Disbursement FEC Identification Number Category/ Type Memo Item Memo Item | | الله السام | | • • | | Memo Item | | | |
| Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional) | _ | | | | | | | | |
| City Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Memo Item Subtotal of Disbursements This Page (optional) | C. | | | | | Date of Disbursement | | | |
| Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item SUBTOTAL of Disbursements This Page (optional) | | Mailing Address | • | | | | | | |
| Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substrict: Memo Item Substrict: House Senate Primary General Other (specify) State: District: Memo Item | | City | State | Zip Code | | FEC Identification Number | | | |
| Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substitution Each Disbursement for: Senate Primary General Other (specify) Memo Item | | Purpose of Disbursement | ٠. | 1. | | | | | |
| Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item SUBTOTAL of Disbursements This Page (optional) | | Candidate Name | | Category/ | | Amount of Each Disbursement this Period | | | |
| Senate Primary General Other (specify) State: District: Memo Item SUBTOTAL of Disbursements This Page (optional) | | Office Sought: House Dishurses | mont For | · | Туре | | | | |
| State: District: , Memo Item SUBTOTAL of Disbursements This Page (optional) | | Senate . | Primary | LJ | | The state of the s | | | |
| SCOOL OO CO | _ | _ | Other (spe | CITY) ▼ | , | Memo Item | | | |
| 5000.00 | s | SUBTOTAL of Disbursements This Page (optional) | · | | ······ > | | | | |
| <u>. </u> | 7 | OTAL This Period (last page this line number only) | | | ······ | | | | |



Expres

© 2018 FedEx 155143/155144 REV 6/18 U.S. Patent No. 9950848

place a copy of the shipping documental shipper/recipient details on an inner par inside the package and write pertinent flap. Follow steps 1-4 to adhere the por the package.

ORIGIN ID:TMAA (770) 350-3203
JENNIFER ROBERTS
MUNICH AMERICAN REASSURANCE CO
MUNICH AMERICAN REASSURANCE COMPANY
3500 LENOX ROAD NE, STE. 900
ATLANTA, GA 30326
UNITED STATES US

SHIP DATE: 30JAN24 ACTWGT: 1.00 LB CAD: 258759359/INET4535

BILL SENDER

FEDERAL ELECTION COMMISSION FEDERAL ELECTION COMMISSION 1050 FIRST STREET, N.E.

WASHINGTON DC 20002 (770) 350-3203 REF:

DATIONIONIONIONIONIA



583J5/EC2B/9AE3

31 JAN 10:30A PRIORITY **OVERNIGHT**



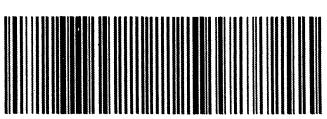
Align bottom of geel

7750 0541 0700

XS JPNA

20002

IAD DC-US



WED

Open pre-sealed purple flap.

| ENVELOPE REPLACEMENT PAGE | on Commission GE FOR INCOMING DOCUMENTS this filing to indicate how it was received. |
|--|--|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Date of Receipt |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| USPS Priority Mail Express | Postmarked |
| Postmark Illegible | , |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date 30 24 3 2024 Next Business Day Delivery |
| Received via FAX | Date of Receipt |
| Received via Email | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | Date of Receipt or Postmarked |
| PREPARER | 2 (/2024) NATE/DREDADED |
| (4/2023) | DATE THE ARED |