

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER
2024 JAN 31 PM 3:21

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

MUNICH AMERICAN REASSURANCE COMPANY PAC INC

ADDRESS (number and street) 3500 LENOX ROAD NE

Check if different than previously reported. (ACC) SUITE 900

ATLANTA GA 30326 - 4231

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

C 00504316

3. IS THIS REPORT NEW (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) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / YYYYYY in the State of

(d) 30-Day POST-Election Report for the:

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

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

07 / 01 / 2023 through 12 / 31 / 2023

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 PAIGE S. FREEMAN

Signature of Treasurer



Date

MM / DD / YYYYYY

01 / 30 / 2024

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									
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FEC FORM 3X
Rev. 05/2016

UNRECORDED - NO INFO

**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

Report Covering the Period:

From:

07 / 01 / 2023

To:

12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		2697.04
(b) Cash on Hand at Beginning of Reporting Period.....	117.04	
(c) Total Receipts (from Line 19)	6750.00	6785.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6867.04	9482.33
7. Total Disbursements (from Line 31)	5096.00	771129
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1771.04	1771.04
9. 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
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MUNICH AMERICAN REASSURANCE COMPANY PAC INC

Report Covering the Period: From

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

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).....

6750.00

6750.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6750.00

6750.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

35.29

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(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).....▶

COMMUNIST PARTY OF AMERICA

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		
(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. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements (Including Non-Federal Donations).....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5096.00	7711.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

CONVERTED TO PDF BY NO INNOVATION

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	6750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6750.00	6750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96.00	211.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96.00	211.29

20160501 14:00:00

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)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/>
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)

MUNICH AMERICAN REASSURANCE COMPANY PAC INC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MORANT, TIMOTHY D.			Date of Receipt 09 / 14 / 2023		
Mailing Address 6150 DOVE FIELD COURT			Amount of Each Receipt this Period 1000.00		
City PEACHTREE CORNERS	State GA	Zip Code 30092	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer (for Individual) MUNICH RE		Occupation (for Individual) CHIEF RISK OFFICER	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GUZMAN, GINA			Date of Receipt 09 / 18 / 2023		
Mailing Address 4413 CLEEK COURT			Amount of Each Receipt this Period 500.00		
City FERNANDINA BEACH	State FL	Zip Code 32034	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer (for Individual) MUNICH RE		Occupation (for Individual) VP & MEDICAL DIRECTOR	Aggregate Year-to-Date ▼ 500.00		
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GIGUERRE, MARC-ANDRE			Date of Receipt 09 / 22 / 2023		
Mailing Address 21 LAKEWOOD MANOR ROAD			Amount of Each Receipt this Period 3000.00		
City NEWBURY	State NH	Zip Code 03255-5955	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer (for Individual) MUNICH RE		Occupation (for Individual) PRESIDENT AND CEO	Aggregate Year-to-Date ▼ 3000.00		
SUBTOTAL of Receipts This Page (optional).....			4500.00		
TOTAL 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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
MUNICH AMERICAN REASSURANCE COMPANY PAC INC

A. FREEMAN, PAIGE SMITH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
988 WILDWOOD ROAD NE

City ATLANTA State GA Zip Code 30306

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

Name of Employer (for Individual) MUNICH RE Occupation (for Individual) GENERAL COUNSEL & SECTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2023

Amount of Each Receipt this Period
 1250.00

Memo Item

B. ATKINSON, AMY LAPIERRE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
1610 NOTTINGHAM WAY, NE

City ATLANTA State GA Zip Code 30309

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

Name of Employer (for Individual) MUNICH RE Occupation (for Individual) DEUPTY GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 MM / DD / YYYY
 09 / 25 / 2023

Amount of Each Receipt this Period
 500.00

Memo Item

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

Mailing Address
175 GLADWYNE RIDGE DRIVE

City ALPHARETTA State GA Zip Code 30004

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

Name of Employer (for Individual) MUNICH RE Occupation (for Individual) VP & ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 MM / DD / YYYY
 10 / 03 / 2023

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	6750.00

MUNICH AMERICAN REASSURANCE COMPANY PAC INC

**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)		PAGE 11 OF		
	<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)
MUNICH AMERICAN REASSURANCE COMPANY PAC INC

A. Full Name (Last, First, Middle Initial)
SCHNEIDER FOR CONGRESS

Mailing Address
PO Box 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement CONTRIBUTION Category/Type 011

Candidate Name BRAD SCHNEIDER

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) CONTRIBUTION

State IL District

Date of Disbursement 09 / 26 / 2023

FEC Identification Number C 00495952

Amount of Each Disbursement this Period 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LAHOOD FOR CONGRESS

Mailing Address
100 NE MONROE STREET, ROOM 100

City PEORIA State IL Zip Code 61602

Purpose of Disbursement CONTRIBUTION Category/Type 011

Candidate Name DARIN LAHOOD

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) CONTRIBUTION

State IL District

Date of Disbursement 09 / 26 / 2023

FEC Identification Number C 00575050

Amount of Each Disbursement this Period 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State District

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)..... 5000.00

Express

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

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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

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FEDERAL ELECTION COMMISSION
1050 FIRST STREET, N.E.

WASHINGTON DC 20002

(770) 350-3203 REF.
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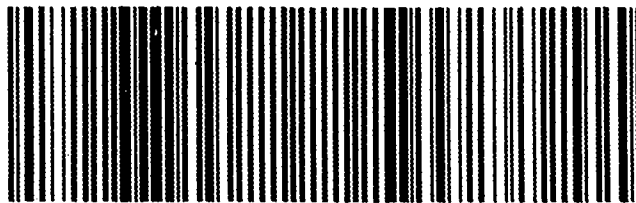
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PRIORITY OVERNIGHT

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0201

XS JPNA

20002

DC-US IAD



Align bottom of green and stick air

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purple flap.

NON-PROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FedEx Express	Shipping Date 1/30/24 Date of Receipt 1/31/2024 Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
DH PREPARER (4/2023)	2/1/2024 DATE PREPARED

ANNOUNCED IN THE INQUIRY