

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2022 JUL 18 AM 10:11

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 STE 900 ATLANTA GA 30326 4231

2. FEC IDENTIFICATION NUMBER C 00504316 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 04 through 06

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 [Signature] Date 07 15 2022

NOTE Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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:

MM / DD / YYYY  
04 / 01 / 2022

To:

MM / DD / YYYY  
06 / 30 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		4258.37
(b) Cash on Hand at Beginning of Reporting Period	4258.48	
(c) Total Receipts (from Line 19)	3000.11	3000.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7258.59	7258.59
7. Total Disbursements (from Line 31)	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7258.59	7258.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

NONDISCRIMINATION

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY  
04 / 04 / 2022

To:

MM / DD / YYYY  
06 / 30 / 2022

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3000.00

3000.00

3000.00

3000.00

- (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).....▶

3000.00

3000.00

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).....

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

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

.11

.22

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

.2

(c) Total Transfers (add 18(a) and 18(b)).....

.11

.22

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3000.11

3000.22

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

NON-FEDERAL CONTRIBUTIONS

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
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) .....	00	00
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)) ..	00	00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

NON-FEDERAL DONATIONS

**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) .....	3000.00	3000.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NONDISBURSEMENT

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)

<input 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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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. Christopher Brockwell**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**PO Box 1808**

City **Mattapoisett, MA 02739-0447** State Zip Code

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

Name of Employer (for Individual) **MUNICH RE** Occupation (for Individual) **VP**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**06 / 14 / 2022**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address  
**26W052 KLEIN CREEK DRIVE**

City **WINFIELD** State **IL** Zip Code **30190**

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

Name of Employer (for Individual) **MUNICH RE** Occupation (for Individual) **VP**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**06 / 15 / 2022**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address  
**6150 DOVE FEILD COURT**

City **PEACHTREE CORNERS** State **GA** Zip Code **30092**

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

Name of Employer (for Individual) **MUNICH RE** Occupation (for Individual) **VP**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**500**

Date of Receipt  
**06 / 25 / 2022**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

NON-PROFIT ORGANIZATION

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE OF  
(check only one)

<input 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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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  
**PAIGE S. FREEMAN**

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) **SVP**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**06 / 15 / 2022**

Amount of Each Receipt this Period  
**1000.00**  
**2**

Memo Item

**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

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

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

NON-PROFIT ORGANIZATION

**FedEx**

ORIGIN ID: TMAA (770) 350-3203  
JENNIFER ROBERTS  
MUNICH AMERICAN REASSURANCE CO  
MUNICH AMERICAN REASSURANCE COMPANY  
56 PERIMETER CENTER EAST, SUITE 500  
ATLANTA, GA 30346  
UNITED STATES US

SHIP DATE: 15JUL22  
ACTWGT:  
CAD: 9883954/INET4494

BILL SENDER

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

**WASHINGTON DC 20463**

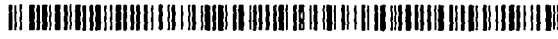
(770) 350-3203

REF:

INV

PC

DEPT:



**FedEx**  
Express



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**MON - 18 JUL 10:30A  
PRIORITY OVERNIGHT**

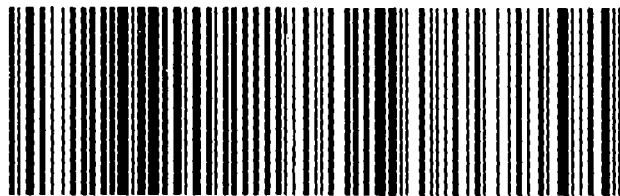
TRK#  
0201

7774 0371 0537

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20463

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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
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<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):  <span style="font-size: 1.5em; font-family: cursive;">FEDEX</span>	Shipping Date <span style="font-size: 1.2em;">7/18/22</span> Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<span style="font-size: 1.5em; font-family: cursive;">WDO</span> PREPARER (3/2015)	<span style="font-size: 1.5em; font-family: cursive;">7/19/22</span> DATE PREPARED

NON-CONFIDENTIAL