

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2021 FEB -4 AM 8:49

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) 56 PERIMETER CENTER EAST

Check if different than previously reported. (ACC) SUITE 500

ATLANTA GA 30346 -

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of XX

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

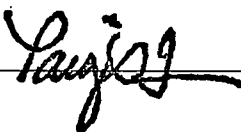
Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / 2020 through MM / DD / 2020

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 / YYYY
01 / 29 / 2021

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

**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:

11 / 24 / 2020

To:

12 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		2852.69
(b) Cash on Hand at Beginning of Reporting Period.....	1317.89	
(c) Total Receipts (from Line 19).....	2700.04	3700.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4017.93	6552.93
7. Total Disbursements (from Line 31).....	10.00	2545.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4007.93	4007.93
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:

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

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

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: / / To: / /

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	2700.00	3700.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2700.00	3700.00
(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).....▶	2700.00	3700.00
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.).....	.04	.24
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)).....▶	2700.04	3700.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

NON-FEDERAL RECEIPTS

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	10.00	45.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10.00	45.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		2500.00
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)) ..	10.00	2545.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

DISBURSED TO THE FUND

**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 3	
<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)
MUNICH AMERICAN REASSURANCE COMPANY PAC INC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROCKWELL, CHRISTOPHER, A

Mailing Address
PO BOX 1808

City: **MATTAPOISETT** State: **MA** Zip Code: **30338-3930**

FEC ID number of contributing federal political committee: **C 00504316**

Name of Employer (for Individual): **MUNICH AMERICAN REASSURANCE COMPANY** Occupation (for Individual): **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2020

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAPPOLD, MICHAEL, R

Mailing Address
277 WESTHAVEN CIRCLE

City: **GENEVA** State: **IL** Zip Code: **60134**

FEC ID number of contributing federal political committee: **C 00504316**

Name of Employer (for Individual): **MUNICH AMERICAN REASSURANCE COMPANY** Occupation (for Individual): **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2020

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address
1316 GLENLAKE AVENUE

City: **PARK RIDGE** State: **IL** Zip Code: **60068**

FEC ID number of contributing federal political committee: **C 00504316**

Name of Employer (for Individual): **MUNICH AMERICAN REASSURANCE COMPANY** Occupation (for Individual): **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2020

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **950.00**

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: PAGE 2 OF 3
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MUNICH AMERICAN REASSURANCE COMPANY PAC INC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARQUINO, JENNIFER

Mailing Address
903 ADAMS CROSSING, UNIT 310

City: CINCINNATI State: OH Zip Code: 45202

FEC ID number of contributing federal political committee: **C** 00504316

Name of Employer (for Individual): MUNICH AMERICAN REASSURANCE COMPANY Occupation (for Individual): VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 20 / 2020

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
26W052 KLEIN CREEK DR.

City: WINFIELD State: IL Zip Code: 60190

FEC ID number of contributing federal political committee: **C** 00504316

Name of Employer (for Individual): MUNICH AMERICAN REASSURANCE COMPANY Occupation (for Individual): VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 21 / 2020

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address
6150 DOVE FIELD CT.

City: PEACHTREE COR State: GA Zip Code: 30092

FEC ID number of contributing federal political committee: **C** 00504316

Name of Employer (for Individual): MUNICH AMERICAN REASSURANCE COMPANY Occupation (for Individual): VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 21 / 2020

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1,500.00

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: PAGE 3 OF 3
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MUNICH AMERICAN REASSURANCE COMPANY PAC INC

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

Mailing Address
 1665 SETTINDOWN DRIVE

City State Zip Code
 ROSWELL GA 30075

FEC ID number of contributing federal political committee.
 00504316

Name of Employer (for Individual) Occupation (for Individual)
 MUNICH AMERICAN REASSURANCE COMPANY VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 MM / DD / YYYY
 09 / 23 / 2020

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address
 988 WILDWOOD ROAD, NE

City State Zip Code
 ATLANTA GA 30306

FEC ID number of contributing federal political committee.
 00504316

Name of Employer (for Individual) Occupation (for Individual)
 MUNICH AMERICAN REASSURANCE COMPANY VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 MM / DD / YYYY
 12 / 07 / 2020

Amount of Each Receipt this Period
 1000.00

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.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1,250.00

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

FedEx® Express

ORIGIN ID: TMAA (770) 350-3203
JENNIFER ROBERTS

SHIP DATE: 29 JAN 21
ACTWGT: 1.00 LB
CAD: 9883954/INET4340

MUNICH AMERICAN REASSURANCE COMPANY
56 PERIMETER CENTER EAST, SUITE 500
ATLANTA, GA 30346
UNITED STATES US

BILL SENDER

TO FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

(770) 350-3203
INV.
PO:

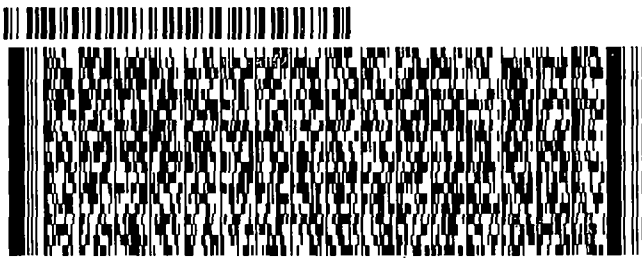
REF:

DEPT:

Handwritten: 1050
#112101801up

Extremely Urgent

FedEx Ship Manager - Print Your Label(s)

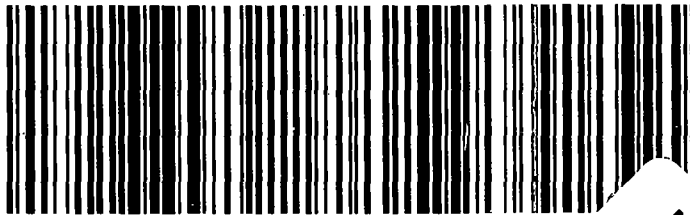


MON - 01 FEB 10:30A
PRIORITY OVERNIGHT

TRK# 7727 7544 1772
0201

SA RDVA

20463
DC-US IAD



Handwritten: RT 695
3 12:00 F
1772 02.01

1/29/2021

◀ Insert shipping document here.

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): Fed Ex	Shipping Date 1/29/21
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

PREPARER *spm*

2/11/21
DATE PREPARED

UNRECORDED INFORMATION