

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 FEB -1 AM 9:48 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, NE SUITE 500 ATLANTA GA 30346-2206

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C 00504316 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) [X] (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) [X] (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 01 / 29 / 2016

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. 02/2003)

Page 2

Write or Type Committee Name

**MUNICH AMERICAN REASSURANCE COMPANY PAC INC**

Report Covering the Period:

From:

/  /

To:

/  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		131.36
(b) Cash on Hand at Beginning of Reporting Period.....	71.36	
(c) Total Receipts (from Line 19).....	2445.01	2445.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2516.37	2576.37
7. Total Disbursements (from Line 31).....	2260.00	2320.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	256.37	256.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> 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  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MUNICH AMERICAN REASSURANCE COMPANY PAC INC**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2015 To: MM / DD / YYYY 12 / 31 / 2015

**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).....	2445.00	2445.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2445.00	2445.00
(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).....▶	2445.00	2445.00
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.).....	.01	.01
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)).....▶	2445.01	2445.01
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 .....	60.00	120.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60.00	120.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2200.00	2200.00
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 .....		
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)) ..	2260.00	2320.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

11030150001WB1H01ND1010N



**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 1 OF 2
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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. JAMES FILMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 1986 Cobblestone Circle NE  
 City: Atlanta, GA 30319-4908 State: Zip Code:  
 FEC ID number of contributing federal political committee: **C 00504316**  
 Name of Employer: MUNICH AMERICAN REASSURANCE COMPANY Occupation: vp  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **500.00**

Date of Receipt: **09 / 01 / 2015**  
 Amount of Each Receipt this Period: **500.00**

**B. Steven J. Rulis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 2627 Acom Avenue  
 City: Atlanta, GA 30305 State: Zip Code:  
 FEC ID number of contributing federal political committee: **C 00504316**  
 Name of Employer: MUNICH AMERICAN REASSURANCE COMPANY Occupation: VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **195.00**

Date of Receipt: **09 / 23 / 2015**  
 Amount of Each Receipt this Period: **195.00**

**C. SCOTT EDWARD WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: 850 PIEDMONT AVE NE  
 City: ATLANTA, GA 30308 State: Zip Code:  
 FEC ID number of contributing federal political committee: **C 00504316**  
 Name of Employer: MUNICH AMERICAN REASSURANCE COMPANY Occupation: VP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **500.00**

Date of Receipt: **09 / 23 / 2015**  
 Amount of Each Receipt this Period: **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1195.00**  
**TOTAL** This Period (last page this line number only).....

NON-CONFIDENTIAL INFORMATION

**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 2  
(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**

Full Name (Last, First, Middle Initial)  
**A. MARK E. SKILLAN**

Mailing Address  
**7 HARRIS GLEN NW**

City State Zip Code  
**ATLANTA, GA 30307**

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

Name of Employer Occupation  
**MUNICH AMERICAN REASSURANCE COMPANY VP, MD**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 29 / 2015**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. PAUL R MYERS**

Mailing Address  
**565 INDIGO DRIVE**

City State Zip Code  
**ROSWELL, GA 30376**

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

Name of Employer Occupation  
**MUNICH AMERICAN REASSURANCE COMPANY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**09 / 12 / 2015**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address

City State Zip Code

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **2195.00**

NON-FEDERAL CONTRIBUTIONS

**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 1 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 IND**

Full Name (Last, First, Middle Initial) <b>A. ACLI PAC</b>		Date of Disbursement <b>10 / 15 / 2015</b>
Mailing Address <b>101 CONSTITUTION AVENUE NW</b>		Amount of Each Disbursement this Period <b>2195.00</b>
City <b>WASHINGTON DE</b>	State <b>DE</b>	
Zip Code <b>20001</b>		Category/ Type <b>011</b>
Purpose of Disbursement <b>PAC CONTRIBUTION</b>		
Candidate Name		Amount of Each Disbursement this Period <b>2195.00</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

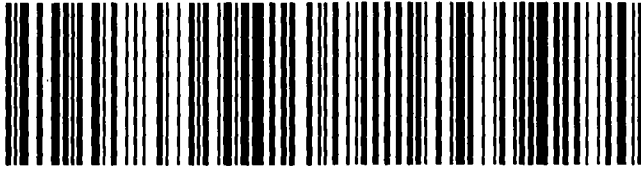
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2195.00</b>

NON-FUNCTIONAL INFORMATION



# FEDEX<sup>®</sup>

## Express

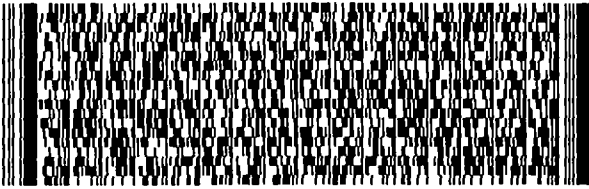


20463 IAD DC-US

SA RDVA

MON - 01 FEB 3:00P  
STANDARD OVERNIGHT

TRK# 7755 3670 0446 0201



540110561727F

TO  
FEDERAL ELECTION COMMISSION  
FEDERAL ELECTION COMMISSION  
999 E ST NW  
WASHINGTON DC 20463

DEPT: INV: PO: (770) 350-3203 REF:

BILL SENDER  
ACTWGT: 1.00 LB  
CAD: 9883954/NET3730

ORIGIN: JENNIFFER ROBERTS (770) 350-3203  
56 PERIMETER CENTER EAST, NE  
ATLANTA, GA 30346  
UNITED STATES US

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