FEC FORM 1		STATEMEN ORGANIZ		Off	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
LKQ Corpora	ation E	mployee Good Go	overnment Fund		
ADDRESS (number ar	nd street)	100 M Street SE - Ste 300			
X < (Check if a is changed	ddress				
)	Washington │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		DC 200 STATE ▲	
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		NotifyLKQ@ddcpublicaffairs	s.com		
, i i i i i i i i i i i i i i i i i i i		Optional Second E-Mail Add	lress │		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 06	M / D 27	D / Y Y Y Y 2024			
3. FEC IDENTIFIC	ATION NU	MBER ► C co	00458158		
4. IS THIS STATEM		NEW (N) OR	X AMENDED (A)		
I certify that I have e	xamined th	s Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of	of Treasurer	Musselman, Ian, , ,			
Signature of Treasure	r Musse	elman, lan, , ,		Date 06	27 / Y Y Y Y 2024
NOTE: Submission of t	alse, errone	ous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202406279652540035

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee: (d) This committee is a (National, State (Democration or subordinate) committee of the Republican	c, ı, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
X Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Cooper	ative
X In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

Relationship:

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Write or Type Committee Name	

LKQ Corporation Employee Good Government Fund

X Connected Organization

6.	Name of Any Connected Or	ganization, Affiliated C	Committee,	Joint Fundraising	Representative, or Lea	dership PAC Sponsor
	LKQ Corporation					
	Mailing Address	500 North Madison Stree	et			
		Suite 2800				
		Chicago				661 -
			CITY 🔺		STATE A	ZIP CODE

Joint Fundraising Representative

Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Affiliated Organization

Leeman, I	Philip, , ,		
Full Name			
Mailing Address	1615 L St NW - Ste 400		
	Washginton		20036
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼			
Custodian of Records		Telephone number	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Musselman, Ian, , ,				
Mailing Address	100 M Street SE - Ste 300				
	Washington DC 20003				
	CITY ▲ STATE ▲ ZIP CODE ▲				
Title or Position ▼					
PAC Treasurer	Image:				

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Full Name of Designated Agent	Threadgill, Tyler, , ,			
Mailing Address	100 M Street SE - Ste 300			
	Washington DC 20003			
	CITY ▲ STATE ▲ ZIP CODE			
Title or Position	▼			
Asst Treasurer Telephone number				

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Comerica Bank			
Mailing Address	PO Box 75000			
	Detroit		MI 4827	5
		CITY 🔺	STATE A	ZIP CODE
Name of Bank, [Depository, etc.			
Mailing Address				
		CITY ▲	STATE A	ZIP CODE