



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

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="2024"/>		<input type="text" value="42647.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="42647.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6378.00"/>	<input type="text" value="6378.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49025.31"/>	<input type="text" value="49025.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44025.31"/>	<input type="text" value="44025.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	1760.00	1760.00
(ii) Unitemized .....	4618.00	4618.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6378.00	6378.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6378.00	6378.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6378.00	6378.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6378.00	6378.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6378.00	6378.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6378.00	6378.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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)	PAGE 6 OF 14
	<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)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

**A. Barnard, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 Challenger Tech Ct  
 Suite 130  
 City Orlando State FL Zip Code 32826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) VP, General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2024  
**Transaction ID : SA11AI.5526**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**B. Barnard, Bradley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 Challenger Tech Ct  
 Suite 130  
 City Orlando State FL Zip Code 32826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) VP, General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : SA11AI.5527**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Contribution

**C. Klaus, Jon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 M Street, SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) Senior Director Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2024  
**Transaction ID : SA11AI.5446**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 7 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Klaus, Jon, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 23 / 2024 <b>Transaction ID : SA11AI.5447</b>
Mailing Address 99 M Street, SE			Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) Senior Director Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Klaus, Jon, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 08 / 2024 <b>Transaction ID : SA11AI.5548</b>
Mailing Address 99 M Street, SE			Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) Senior Director Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kovarik, David, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 09 / 2024 <b>Transaction ID : SA11AI.5448</b>
Mailing Address 85 Collamer Crossing Parkway			Amount of Each Receipt this Period 100.00
City East Syracuse	State NY	Zip Code 10357	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP Marketing & Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 8 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

**A. Kovarik, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Collamer Crossing Parkway  
 City East Syracuse State NY Zip Code 10357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) VP Marketing & Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 23 / 2024**  
**Transaction ID : SA11AI.5449**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Contribution

**B. Kovarik, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Collamer Crossing Parkway  
 City East Syracuse State NY Zip Code 10357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) VP Marketing & Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 08 / 2024**  
**Transaction ID : SA11AI.5549**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Contribution

**C. Kovarik, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Collamer Crossing Parkway  
 City East Syracuse State NY Zip Code 10357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAAB, Inc. Occupation (for Individual) VP Marketing & Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 22 / 2024**  
**Transaction ID : SA11AI.5550**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 9 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Murphy, Jana, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 08 / 2024 <b>Transaction ID : SA11AI.5567</b>
Mailing Address 99 M Street, SE			Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP, Communications & Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Murphy, Jana, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : SA11AI.5568</b>
Mailing Address 99 M Street, SE			Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP, Communications & Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Puffer, Chad, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 09 / 2024 <b>Transaction ID : SA11AI.5473</b>
Mailing Address 85 Collamer Crossing Parkway			Amount of Each Receipt this Period 100.00
City East Syracuse	State NY	Zip Code 10357	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Contribution
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP of Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 10 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Puffer, Chad, , ,</b>			Date of Receipt
Mailing Address 85 Collamer Crossing Parkway			<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2024"/>
City East Syracuse	State NY	Zip Code 10357	<b>Transaction ID : SA11AI.5474</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP of Security	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Puffer, Chad, , ,</b>			Date of Receipt
Mailing Address 85 Collamer Crossing Parkway			<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2024"/>
City East Syracuse	State NY	Zip Code 10357	<b>Transaction ID : SA11AI.5573</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP of Security	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Puffer, Chad, , ,</b>			Date of Receipt
Mailing Address 85 Collamer Crossing Parkway			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2024"/>
City East Syracuse	State NY	Zip Code 10357	<b>Transaction ID : SA11AI.5574</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) SAAB, Inc.		Occupation (for Individual) VP of Security	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 11 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Stevens, Rebecca, Elizabeth, ,

Mailing Address 85 Collamer Crossing Parkway

City East Syracuse	State NY	Zip Code 10357
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAAB, Inc.	Occupation (for Individual) Senior Director, Gov't Accounting
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2024

**Transaction ID : SA11AI.5579**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Stevens, Rebecca, Elizabeth, ,

Mailing Address 85 Collamer Crossing Parkway

City East Syracuse	State NY	Zip Code 10357
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SAAB, Inc.	Occupation (for Individual) Senior Director, Gov't Accounting
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2024

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Tollstam, Kenneth, O, ,

Mailing Address 41624 Montacute Lane

City Lessburg	State VA	Zip Code 20176
------------------	-------------	-------------------

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

Name of Employer (for Individual) SAAB, Inc.	Occupation (for Individual) Business Development Director
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2024

**Transaction ID : SA11AI.5503**

Amount of Each Receipt this Period  
260.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> 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 12 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
West, Jeffrey, , ,

Mailing Address 5717 Enterprise Parkway

City East Syracuse	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SAAB, Inc.	Occupation (for Individual) Director, Information Systems Arch.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 08 / 2024

**Transaction ID : SA11AI.5593**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

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

Mailing Address 5717 Enterprise Parkway

City East Syracuse	State NY	Zip Code 13057
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) SAAB, Inc.	Occupation (for Individual) Director, Information Systems Arch.
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 22 / 2024

**Transaction ID : SA11AI.5594**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution

**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  

M M / D D / Y Y Y Y
---------------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	1760.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)

Full Name (Last, First, Middle Initial)

A. GARRET GRAVES FOR CONGRESS

Mailing Address PO BOX 64845

City BATON ROUGE State LA Zip Code 70896

Purpose of Disbursement

Contribution

Candidate Name

GRAVES, GARRET, , ,

Office Sought: [X] House [ ] Senate [ ] President State: LA District: 06

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

Category/Type

Date of Disbursement

Date grid showing 01 / 11 / 2024

FEC Identification Number

C C00558486

Transaction ID : SB23.5405

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address PO BOX 201

City PLATTE CITY State MO Zip Code 64079

Purpose of Disbursement

Contribution

Candidate Name

GRAVES, SAMUEL, B., , JR.

Office Sought: [X] House [ ] Senate [ ] President State: MO District: 06

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

Category/Type

Date of Disbursement

Date grid showing 01 / 02 / 2024

FEC Identification Number

C C00359034

Transaction ID : SB23.5402

Amount of Each Disbursement this Period

Amount grid showing 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. MAGAZINER FOR CONGRESS

Mailing Address ONE PARK ROW, 5TH FLOOR

City PROVIDENCE State RI Zip Code 02903

Purpose of Disbursement

Contribution

Candidate Name

MAGAZINER, SETH, , ,

Office Sought: [X] House [ ] Senate [ ] President State: RI District: 02

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

Category/Type

Date of Disbursement

Date grid showing 03 / 07 / 2024

FEC Identification Number

C C00802504

Transaction ID : SB23.5595

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

Amount grid showing 4500.00

Amount grid showing 0.00

# 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)

<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)

**SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**

Full Name (Last, First, Middle Initial)

**A. MCCOLLUM FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	7		2	0	2	4		

Mailing Address PO BOX 14131

City ST. PAUL State MN Zip Code 55114

FEC Identification Number

**C** C00354688

**Transaction ID : SB23.5596**

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Contribution

Category/Type

Candidate Name

MCCOLLUM, BETTY, , ,

Office Sought:  House  Senate  President

Disbursement For: 2024  Primary  General  Other (specify) ▼

State: MN District: 04

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Empty date field

Mailing Address

City State Zip Code

FEC Identification Number

**C** Empty field

Amount of Each Disbursement this Period

Empty amount field

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Empty date field

Mailing Address

City State Zip Code

FEC Identification Number

**C** Empty field

Amount of Each Disbursement this Period

Empty amount field

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

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

500.00

5000.00