

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mutual of Omaha Companies PAC (IMPAC)

ADDRESS (number and street)

3300 Mutual of Omaha Plaza

Check if different
than previously
reported. (ACC)

Omaha

NE

68175-1004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00094581

3. IS THIS
REPORTNEW
(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:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2025

through

M M M / D D D / Y Y Y Y Y Y
05 31 2025

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

Nolan, James, P, ,

Signature of Treasurer

Nolan, James, P, ,

Date

M M M / D D D / Y Y Y Y Y Y
06 19 2025

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**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

Mutual of Omaha Companies PAC (IMPAC)Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
05		01		2025

 To:

M M	/	D D	/	Y Y Y Y Y
05		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2025</td></tr></table>	Y	Y	Y	Y	Y	2025						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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☒ 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Mutual of Omaha Companies PAC (IMPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
05 / 01 / 2025

To:

M M / D D / Y Y Y Y
05 / 31 / 2025**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).....

8013.32

26276.60

(ii) Unitemized

1628.49

22894.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

9641.81

49171.05

(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)

9641.81

49171.05

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))

9641.81

49171.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

9641.81

49171.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	7000.00	14000.00
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	250.00
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)) ..	7000.00	14250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	14250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	9641.81	49171.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9641.81	49171.05
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ault, Timothy, S, ,Mailing Address **Mutual of Omaha Plaza**
OSWorkplace Solutions AdminCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
EVP Workplace Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AFC4F3DFD591749A9B1D**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ayres, April, A, ,Mailing Address **Mutual of Omaha Plaza**
07Medicare SupplementCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP and Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A258FB2A43A924EB6BDD**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bakker, Tyler, J, ,Mailing Address **Mutual of Omaha Plaza**
04Invest ManagementCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Hd of Portf Strat & Co-Hd IMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AC6A4BF8870504F75911**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**275.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Becerra II, Nathan, J, ,Mailing Address Mutual of Omaha Plaza
06RPD OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Mgr Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A6F377FFB82A54AD88D7

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blackledge, James, T, ,Mailing Address Mutual of Omaha Plaza
12Chairman Of The Board And CEOCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A464B03E1DE7D49FFBE0

Amount of Each Receipt this Period

416.67

☐ Memo Item

Payroll Deduction: \$416.67/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bombassi, Tony, A, ,Mailing Address Mutual of Omaha Plaza
OSWorkplace Solutions ClaimsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Claims

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
05 / 09 / 2025

Transaction ID : A3C5AAECBD08942F9AC9

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

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

541.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 34

(check only one)

<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)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brachtel, Kimberly, A, ,Mailing Address **Mutual of Omaha Plaza**
S6RPD OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP ESS Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A702A069DD34F47468F9**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bruning, Rachelle, L, ,Mailing Address **Mutual of Omaha Plaza**
PLCorporate ServicesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Corporate Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A9CAF6B8151944FF4A0C**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bryant, Penny, E, ,Mailing Address **Mutual of Omaha Plaza**
02DO ARTCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Business Systems Consult III

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A3B9EB5B7EE374EEEEAA**

Amount of Each Receipt this Period

60.00☐ Memo Item

Payroll Deduction: \$60.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**185.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buechler, Bradley, N, ,Mailing Address **Mutual of Omaha Plaza**
12Senior SolutionsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
EVP Senior Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 09 / 2025**Transaction ID : A5BC9BC761C0F459B98B**

Amount of Each Receipt this Period

416.66☐ Memo Item

Payroll Deduction: \$416.66/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carlson, Craig, A, ,Mailing Address **Mutual of Omaha Plaza**
PLCorporate Real EstateCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Dir Corp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A8B96780746664A969A5**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Christensen, Amy, L, ,Mailing Address **Mutual of Omaha Plaza**
PLHR Business PartnersCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AD4C2D8CE00184A37AE6**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**516.66**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, Keith, F., ,Mailing Address **Mutual of Omaha Plaza**
09Marketing Leadership StaffCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A297ECA2D610F4501853**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Comins, Ryan, M., ,Mailing Address **Mutual of Omaha Plaza**
04Invest ManagementCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
CIO & Co-Head IMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A8C083DE5FA0D4201971**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coyle, Jason, P., ,Mailing Address **Mutual of Omaha Plaza**
11Aligned AssuranceCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Audit & Risk Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 09 / 2025**Transaction ID : A8713137E51CE4692BB2**

Amount of Each Receipt this Period

416.66☐ Memo Item

Payroll Deduction: \$416.66/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**616.66**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Craig, Virginia, L, ,Mailing Address Mutual of Omaha Plaza
OSIndividual Underwriting

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Head of Ind Life&Health UW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A8B173340C22E43B0BD4

Amount of Each Receipt this Period

55.00

☐ Memo Item

Payroll Deduction: \$55.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crampton, James, C, ,Mailing Address Mutual of Omaha Plaza
05Finance & Actuarial

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Corporate Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A3CE3E86B679F4D74992

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford, Nancy, L, ,Mailing Address Mutual of Omaha Plaza
03Law Operation

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025

Transaction ID : AA3082443BC4941CFAD6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

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

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cronin, Ruth, A, ,Mailing Address **Mutual of Omaha Plaza**
05IS WS INTCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Info Services Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AA2B40EC749664EBDAE1**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Darnall, Timothy, R, ,Mailing Address **Mutual of Omaha Plaza**
SPEnterprise Infrast & Arch SvcsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AAED9D86B37F344B792C**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Andrew, G, ,Mailing Address **Mutual of Omaha Plaza**
03Law OperationCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A9D3AF79159B3434F9A3**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**250.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeWald, Terrance, S, ,Mailing Address **Mutual of Omaha Plaza**
03Law OperationCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Sr Assoc Gen Cnsl & Corp Secy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A6DFFABC8D65C4AB8B41**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dillon, Brandi, L, ,Mailing Address **Mutual of Omaha Plaza**
L2DSC SalesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Director Direct Sales Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AC144FBFCE66A4C73B46**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duff III, James, A, ,Mailing Address **Mutual of Omaha Plaza**
OSIWP Brokerage SalesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Brokerage Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A018C98471AED434AAF0**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**250.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Edwards, Jordan, M, ,Mailing Address Mutual of Omaha Plaza
05Corp Actuarial & Capital Mgmt

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP and Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A3744A3C74E89417D930

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Enenbach, Jonathan, D, ,Mailing Address Mutual of Omaha Plaza
05Brokerage Sales Health

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Brokerage Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A9A61958E0FE64516924

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fleck, Jennifer, M, ,Mailing Address Mutual of Omaha Plaza
04WS Product Performance

City Omaha State NE Zip Code 68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP and Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : A49F3587DF7C048158A6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ganow, Jeffrey, D, ,Mailing Address **Mutual of Omaha Plaza**
07Medicare SupplementCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Medicare Supplemental Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A990A291841C644B4B09**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gibson, Raymond, A, ,Mailing Address **Mutual of Omaha Plaza**
OSWorkplace Solutions ClaimsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Workplace Solutions Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A61DF936582494405AC3**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glen, John, B, ,Mailing Address **Mutual of Omaha Plaza**
05IS Enterprise Data SolutionsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Info Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A14E2D76DDD8A45F1860**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**250.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffin, Maureen, A, ,

Mailing Address Mutual of Omaha Plaza

08IWP Health Claims Leadership

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP Claims

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : ACC236298F82F45D5B95

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Groninga, Nathan, , ,

Mailing Address Mutual of Omaha Plaza

04WS ART

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP and Actuary

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
05 / 09 / 2025

Transaction ID : A4932709A435F4241979

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haire, Christopher, J, ,

Mailing Address Mutual of Omaha Plaza

07Medicare Supplement

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP and Actuary

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
05 / 09 / 2025

Transaction ID : ACDBE24F06A1542FFB0B

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

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

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hamilton, Jason, M, ,Mailing Address **Mutual of Omaha Plaza**
02IS Information SecurityCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Info Security Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A7148D6CAC74549599FD**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hannah, Stephen, T, ,Mailing Address **Mutual of Omaha Plaza**
OSWS Sales Eastern RegionCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A8E2B92E9C6FB476DBFA**

Amount of Each Receipt this Period

55.00

☐ Memo Item

Payroll Deduction: \$55.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Alexis, N, ,Mailing Address **Mutual of Omaha Plaza**
PLSecurityCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Business Resiliency

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AAB4792028BFF40D7B85**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

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

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herchenbach, Scott, L, ,Mailing Address **Mutual of Omaha Plaza**
05Finance & ActuarialCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP & Corp Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A1502705F7A874FCF90D**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Kersten, , ,Mailing Address **Mutual of Omaha Plaza**
11Government Affairs StaffCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
State & Reg Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A88A212571C604113BC8**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hoppe, Scott, A, ,Mailing Address **Mutual of Omaha Plaza**
02IS Corp & Fin Ops and ServiceCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP IS Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : ADA10EA9D36BA484DA0D**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**225.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hrabchak, Richard, R, ,Mailing Address **Mutual of Omaha Plaza**
OSFinance & ActuarialCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

05 / 09 / 2025**Transaction ID : A6D07B8EA587540F4932**

Amount of Each Receipt this Period

416.67☐ Memo Item

Payroll Deduction: \$416.67/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huscroft, Laura, N, ,Mailing Address **Mutual of Omaha Plaza**
01Income & Wealth PlanningCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP and Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A84D702F12CF7454FA1C**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jarzynka, Jason, T, ,Mailing Address **Mutual of Omaha Plaza**
04WS Product PerformanceCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Product Performance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A5FFD3D64C373452E8C8**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**566.67**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jerram, Mary, J, ,Mailing Address **Mutual of Omaha Plaza**
03Law OperationCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A807EFA94FB934AE28DC**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Junge, Erin, N, ,Mailing Address **Mutual of Omaha Plaza**
09Digital Marketing StaffCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Digital Exp Design & Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A1ED10D191CFD477C842**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LaDuke, Janine, L, ,Mailing Address **Mutual of Omaha Plaza**
04WS OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP WS Learning Dev & Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AEDFC8BB773E74FE7824**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**200.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lechtenberger, Michael, A, ,Mailing Address **Mutual of Omaha Plaza**
12Information ServicesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : ADB862E3FC48A4AA39A5**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Ronald, J, ,Mailing Address **Mutual of Omaha Plaza**
06Advanced MarketsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Adv Mkts & Brokg Fld Rels

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AB94F405888C6428CA1C**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Kevin, S, ,Mailing Address **Mutual of Omaha Plaza**
OSWorkplace Solutions ClaimsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A86ECB7009E994631A0F**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**250.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lewis, Susan, L, ,Mailing Address **Mutual of Omaha Plaza**
03Law OperationCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A3DFE77C7EB9E4F76928**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malmos, Pamela, R, ,Mailing Address **Mutual of Omaha Plaza**
05Finance Operations & TreasuryCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A7B7A78AB847049019B1**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Margolis, Bruce, S, ,Mailing Address **Mutual of Omaha Plaza**City
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Vice President & Medical DirectorInfor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AD9A702F3DBA24070875**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**275.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Martin, Lee, R, ,Mailing Address **Mutual of Omaha Plaza**
04Invest ManagementCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Head of High Yield Credit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A89BD2129770D4574B1E**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mazzotta, Elizabeth, A, ,Mailing Address **Mutual of Omaha Plaza**
PLCorporate OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AA6B7D5FF853A4A15868**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melton, Charles, E, ,Mailing Address **Mutual of Omaha Plaza**
05Finance & ActuarialCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Fin Png & Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AE15BE7E3758D4AD9A80**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**225.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Michel, Cory, S, ,Mailing Address **Mutual of Omaha Plaza**
04WS OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

SVP Workplace Solutions Opers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : ADE2BFB80D21F4209A3B**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miesbach, Emily, H, ,Mailing Address **Mutual of Omaha Plaza**
05Health Group Valuation ProjCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

Finance Director & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AB19A2201830D4CD79AB**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, James, D, ,Mailing Address **Mutual of Omaha Plaza**
02WS Und Central Region 1City
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP Group Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AEEA1CE8ACD224F35A9B**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**150.00****TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicas, Robert, A, ,Mailing Address **Mutual of Omaha Plaza**
07Data Analytics & ReportingCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Segment Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AB1F98C67DD184AFFB42**

Amount of Each Receipt this Period

75.00☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nolan, James, P, ,Mailing Address **Mutual of Omaha Plaza**
S7Corporate Affairs StaffCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Corporate Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AC75ED3F557F443C5B1E**

Amount of Each Receipt this Period

150.00☐ Memo Item

Payroll Deduction: \$150.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oldham, Thomas, R, ,Mailing Address **Mutual of Omaha Plaza**
11Aligned AssuranceCity **Omaha** State **NE** Zip Code **68175-0001**FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A3C05420813DD423497F**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**325.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perry, Erin, K, ,Mailing Address **Mutual of Omaha Plaza**
SPService ARTCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Service Delivery Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A1A02D5CAAF1C4D9C850**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pielstick, Dawn, R, ,Mailing Address **Mutual of Omaha Plaza**
02IS Senior SolutionsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP IS Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A85E6F213EE9A4EB9AC2**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Proskovec, Adam, D, ,Mailing Address **Mutual of Omaha Plaza**
PLMOIS Securities SupervisionCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP MOIS & MOMCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A28C79B9C040D41D9865**

Amount of Each Receipt this Period

300.00☐ Memo Item

Payroll Deduction: \$300.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**400.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pruch, Melissa, A, ,

Mailing Address Mutual of Omaha Plaza

02IS Agile Dlvry & Strat Enblmnt

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP IS Performance & Operations

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A6B471F89FA8142FCA14

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Relfe, Janelle, H, ,

Mailing Address Mutual of Omaha Plaza

09Government Affairs Staff

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

Federal Government Affairs Dir

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : AA878AA52C7134CC5936

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sayre, Jerry, L, ,

Mailing Address Mutual of Omaha Plaza

OSInformation Services

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

Chief Softwre Engineer Officer

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2025

Transaction ID : A55E20F7CEDD24EB1899

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schlange, Steven, M, ,Mailing Address **Mutual of Omaha Plaza**
PLCorporate BenefitsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AD5973731F1404A9F889**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schmidt, Joseph, T, ,Mailing Address **Mutual of Omaha Plaza**
01ECRCCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
President and COO ECR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 09 / 2025**Transaction ID : AC8F109F438854903937**

Amount of Each Receipt this Period

55.00☐ Memo Item

Payroll Deduction: \$55.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scholtz, Stacy, A, ,Mailing Address **Mutual of Omaha Plaza**
12Financial SolutionsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
EVP Financial Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 09 / 2025**Transaction ID : A884F0E0C35B344D882B**

Amount of Each Receipt this Period

416.66☐ Memo Item

Payroll Deduction: \$416.66/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**521.66**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skar, Alfred, J, ,Mailing Address **Mutual of Omaha Plaza**
06Advisor NetworkCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Advisor Network

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A66FC0F341E8B42BA8BB**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith III, Daniel, N, ,Mailing Address **Mutual of Omaha Plaza**
OSRPD Institutional SalesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Natl Sales Dir-Inst Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A34F4E6916B71480BAD0**

Amount of Each Receipt this Period

55.00☐ Memo Item

Payroll Deduction: \$55.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sorensen, Timothy, P, ,Mailing Address **Mutual of Omaha Plaza**
S6IS Claims SupportCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Info Services Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : ADC37628B963B4D7D969**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**205.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Starman, Janis, M, ,Mailing Address **Mutual of Omaha Plaza**
PLHuman ResourcesCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A8E045D033D1F4090BE9**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stewart, Kurtis, R, ,Mailing Address **Mutual of Omaha Plaza**
OSWS UnderwritingCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
SVP WS Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A1EC73639A5A7477B998**

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Suter, Kenneth, W, ,Mailing Address **Mutual of Omaha Plaza**
03Law OperationCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A5BBAC06916064A03A2F**

Amount of Each Receipt this Period

100.00☐ Memo Item

Payroll Deduction: \$100.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**200.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tibke, Kathleen, , ,Mailing Address **Mutual of Omaha Plaza****05Financial Planning & Analysis**

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

VP Finance

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
05 / 09 / 2025**Transaction ID : A80092C47A6BE4070BFC**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Veomett, Yuri, P, ,Mailing Address **Mutual of Omaha Plaza****09Senior Life Solutions**

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

SVP Senior Life Solutions

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025**Transaction ID : A857F9C595E974E5384B**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wand, Ryan, D, ,Mailing Address **Mutual of Omaha Plaza****OSIS Acctg & Finance Ops**

City

Omaha

State

NE

Zip Code

68175-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mutual of Omaha

Occupation (for Individual)

Info Services Manager

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2025**Transaction ID : A879DE298696F4BD4A78**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 34
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wheeler, Laif, , ,Mailing Address **Mutual of Omaha Plaza**
L2DSC SupportCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Cust Acquisition & Onboard

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A511F345A36964706A40**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilsey, Mindi, L, ,Mailing Address **Mutual of Omaha Plaza**
07SHS OperationsCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Senior Health Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A8D8EBB8693CB4D59A54**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, Martha, A, ,Mailing Address **Mutual of Omaha Plaza**
07Marketing Operations StaffCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
VP Mktg Ops & Optimization

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 09 / 2025**Transaction ID : A496D4BA89A1E46D2A31**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Payroll Deduction: \$75.00/Monthly

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 34

<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)

Mutual of Omaha Companies PAC (IMPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zagurski, Mark, D, ,Mailing Address **Mutual of Omaha Plaza**
06New Advisor DevelopmentCity
OmahaState
NEZip Code
68175-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Mutual of OmahaOccupation (for Individual)
Dir Advisor Strategy & Ops

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
05		09		2025

Transaction ID : A0B9EC4B865B04F56AEA

Amount of Each Receipt this Period

50.00☐ Memo Item

Payroll Deduction: \$50.00/Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**50.00****8013.32**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 34

<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)

Mutual of Omaha Companies PAC (IMPAC)

Full Name (Last, First, Middle Initial)

A. ACLI International Political Action Committee (ACLI-PAC)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	5		

Mailing Address 1735 Eye Street, NW
Suite 716City
WashingtonState
DCZip Code
20006-2401

Purpose of Disbursement

Direct Contribution

Candidate Name

ACLI International Political Action Committee (ACLI-PAC)

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

Other

Category/
Type

FEC Identification Number

C C00110965**Transaction ID : B45E61EF0C**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JANELLE BYNUM FOR CONGRESS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	2	5		

Mailing Address 10121 SE Sunnyside Rd #300

City
ClackamasState
ORZip Code
97015-5713

Purpose of Disbursement

Direct Contribution

Candidate Name

Bynum, Janelle, , ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: OR

District: 05

Category/
Type

FEC Identification Number

C C00843425**Transaction ID : B3671E8EF9E**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR JODEY ARRINGTON

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	2	5		

Mailing Address PO BOX 6687

City
LUBBOCKState
TXZip Code
79493-6687

Purpose of Disbursement

Direct Contribution

Candidate Name

Arrington, Jodey, , ,

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: TX

District: 19

Category/
Type

FEC Identification Number

C C00588657**Transaction ID : B0B0601435**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

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

7000.00