

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

ADDRESS (number and street)

1301 PENNSYLVANIA AVENUE NW

SUITE 900

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00256453

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly 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 (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

06

30

2007

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

Mrs. Mary Z. Seidel

Signature of Treasurer

Electronically Filed by Mrs. Mary Z. Seidel

Date

07

30

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPA)

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2007 | | 3338.72 |
| (b) Cash on Hand at Beginning of Reporting Period | 5795.50 | |
| (c) Total Receipts (from Line 19) | 6506.30 | 13963.08 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 12301.80 | 17301.80 |
| 7. Total Disbursements (from Line 31) | 3500.00 | 8500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8801.80 | 8801.80 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 4 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 7 |

| 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 | 6096.95 | 13260.05 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 409.35 | 703.03 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 6506.30 | 13963.08 |
| (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) ➡ | 6506.30 | 13963.08 |
| 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 Transfer (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)) | 6506.30 | 13963.08 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 6506.30 | 13963.08 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (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..... | | 3500.00 | 8500.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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..... | | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared 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)).. | | 3500.00 | 8500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | | 3500.00 | 8500.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 6506.30 | 13963.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6506.30 | 13963.08 |
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Mr. John N. Adimari Mailing Address 9 Tamarack Place City State Zip Code Greenwich CT 06831 FEC ID number of contributing federal political committee. C Name of Employer Partner Reinsurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Transaction ID: SA11A1.4640 Amount of Each Receipt this Period 350.00 |
| B. Full Name (Last, First, Middle Initial) Mr. John W. Davidson Mailing Address 16 Willow Road City State Zip Code Riverside CT 06878 FEC ID number of contributing federal political committee. C Name of Employer Partner Re Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.4642 Amount of Each Receipt this Period 250.00 |
| C. Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Englander Mailing Address 14 Turner Drive City State Zip Code New Rochelle NY 10804 FEC ID number of contributing federal political committee. C Name of Employer Partner Reinsurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7 Transaction ID: SA11A1.4636 Amount of Each Receipt this Period 250.00 |
| SUBTOTAL of Receipts This Page (optional) ▶ | | 850.00 |
| TOTAL This Period (last page this line number only) ▶ | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Ms Cathy A. Hauck Mailing Address 14 Victory Drive City State Zip Code Darien CT 06820 FEC ID number of contributing federal political committee. C Name of Employer Partner Reinsurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.4639 Amount of Each Receipt this Period 250.00 |
| B. Full Name (Last, First, Middle Initial) Mr. Brian Hegarty Mailing Address 38 Overlook Drive City State Zip Code Berkeley Heights NJ 07922-1715 FEC ID number of contributing federal political committee. C Name of Employer Chubb Re Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.4630 Amount of Each Receipt this Period 1250.00 |
| C. Full Name (Last, First, Middle Initial) Mr. Wayne Hommes Mailing Address 316 Paul Court City State Zip Code Wyckoff NJ 07481-3215 FEC ID number of contributing federal political committee. C Name of Employer Partner Reinsurance Company Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00 | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Transaction ID: SA11A1.4635 Amount of Each Receipt this Period 350.00 |
| SUBTOTAL of Receipts This Page (optional) ▶ | | 1850.00 |
| TOTAL This Period (last page this line number only) ▶ | | |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Full Name (Last, First, Middle Initial)

A. Mr. Scott D. Moore

Mailing Address 23 Red Coat Pass

City State Zip Code
 Darien CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partner Reinsurance Compa-
ny

Occupation
President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.4634

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Franklin Nutter

Mailing Address 1301 Pennsylvania Avenue N.W.

City State Zip Code
 Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn of Ameri-
ca

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4645

Amount of Each Receipt this Period

1076.95

Bi-weekly Payroll Contrib-
ution

Full Name (Last, First, Middle Initial)

C. Mrs. Mary Z. Seidel

Mailing Address 1301 Pennsylvania Avenue, N.W.
 Suite 900

City State Zip Code
 Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn of Ameri-
ca

Occupation
VP & Director of Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.4648

Amount of Each Receipt this Period

240.00

Bi-weekly Payroll Contrib-
ution

SUBTOTAL of Receipts This Page (optional)

2816.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

| | | | | |
|---|--|---|---|--|
| A. Full Name (Last, First, Middle Initial) Mr. Joseph B. Sieverling | | | Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7 | |
| Mailing Address 1301 Pennsylvania Avenue, N.W. Suite 900 | | | Transaction ID: SA11A1.4647 | |
| City Washington State DC Zip Code 20004 | | Amount of Each Receipt this Period 280.00 | | |
| FEC ID number of contributing federal political committee. C | | Bi-weekly Payroll Contribution | | |
| Name of Employer Reinsurance Assn of America | | Occupation VP & Director of Financial Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 520.00 | | |
| B. Full Name (Last, First, Middle Initial) Robin M. Williams | | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 | |
| Mailing Address 105 Hamilton Avenue Unit 9 | | | Transaction ID: SA11A1.4631 | |
| City Greenwich State CT Zip Code 06830 | | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Partner Reinsurance Company | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | | |

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

6096.95

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 11

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Full Name (Last, First, Middle Initial)

A. DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City
UPLAND

State
CA

Zip Code
91785

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: SB23.4652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PORTER FOR CONGRESS

Mailing Address 7840 Red Leaf Drive

City
Las Vegas

State
NV

Zip Code
89131

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.4654

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PRICE, THOMAS EDMUNDS

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: SB23.4650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Full Name (Last, First, Middle Initial)

A. ROYCE, ED MR

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: SB23.4653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

3500.00