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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) 1301 PENNSYLVANIA AVENUE NW ADDRESS (number and street) SUITE 900 Check if different than previously WASHINGTON DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00256453 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mrs. Mary Z. Seidel Type or Print Name of Treasurer Electronically Filed by Mrs. Mary Z. Seidel 0 1 28 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2/13

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

D D D 0 1 07 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 6322.90 January 1 (b) Cash on Hand at 10643.55 Begining of Reporting Period ..... 4416.09 24786.24 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 15059.64 31109.14 6(a) and 6(c) for Column B) ..... 7500.00 23549.50 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 7559.64 7559.64 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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. 06/2004) 3 / 13

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period: From:

M M M D D D 1 Y Y W Y TO:

To:

To:

To:

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)	4416.09	18150.86
	(ii) Unitemized	0.00	635.38
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	4416.09	18786.24
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	6000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4416.09	24786.24
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
10.	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))	4416.09	24786.24
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	4416.09	24786.24

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	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	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	40.50
	Expenditures	0.00	49.50
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	49.50
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees and Other Political Committees	7500.00	23500.00
1	and Other Political Committees	7300.00	2000.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_		2.22	2.22
	Loans Made  Refunds of Contributions To:	0.00	0.00
	(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
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		J
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7500.00	23549.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	7500.00	23549.50
	from Line 31)	7 300.00	Z3349.5U

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 13

	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)	4416.09	24786.24
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4416.09	24786.24
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	49.50
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	49.50

FE6AN026

# SCHEDULE A (FEC Form 3X)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 13 (check only one)    X   11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	REINSURANCE ASSOCIATION OF A	MERICA PO	DLITICAL ACTION COMMIT	TEE INC (REPAC)
۷.	Full Name (Last, First, Middle Initial) Dennis C. Burke			Date of Receipt
	Mailing Address 2181 Jamieson Avenue Apt 803	е		09 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.5106
	Alexandria	VA	22314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Reinsurance Assn. of Amer- ica	Occupatio Vice Pres	n sident State Relations	Bi-weekly Payroll Deduction
	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 380.00	
_ 3.	Full Name (Last, First, Middle Initial) Dennis C. Burke			Date of Receipt
	Mailing Address 2181 Jamieson Avenue Apt 803			12 31 2009
	City	State VA	Zip Code	Transaction ID: SA11AI.5122
	Alexandria  FEC ID number of contributing federal political committee.	C	22314	Amount of Each Receipt this Period  140.00
	Name of Employer Reinsurance Assn. of Amer- ica	Occupatio Vice Pre	n sident State Relations	Bi-weekly Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 520.00	
	Full Name (Last, First, Middle Initial) Marsha Cohen			Date of Receipt
	Mailing Address 1301 Pennsylvania Av			09 / 30 / 4 9 9
	City Washington	State DC	Zip Code 20004	Transaction ID: SA11AI.5107
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  230.82
	Name of Employer Reinsurance Assn., of Ame- rica	Occupatio Sr. VP &	n Director of Ed	Bi-weekly Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 730.93	
	SUBTOTAL of Receipts This Page (optional)	1		490.82

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF AN	name and add	dress of any political committee to	solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial)  Marsha Cohen  Mailing Address 1301 Pennsylvania Ave Suite 900  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer Reinsurance Assn., of America Receipt For: Primary General Other (specify)	State DC  C Occupatio Sr. VP &	Zip Code 20004	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-В.	Full Name (Last, First, Middle Initial) Tracey W. Laws Mailing Address 6603 Weatheford Court City McLean  FEC ID number of contributing federal political committee.  Name of Employer Reinsurance Assn. of America Receipt For: Primary General Other (specify)	State VA  C Occupatio General	Zip Code 22101-1644	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Tracey W. Laws  Mailing Address 6603 Weatheford Court  City McLean  FEC ID number of contributing federal political committee.  Name of Employer Reinsurance Assn. of America Receipt For:  Primary General Other (specify)	State VA  C Occupatio General		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			789.07

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 13 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF A	MERICA PO	DLITICAL ACTION COMMIT	TEE INC (REPAC)
Α.	Full Name (Last, First, Middle Initial) Franklin Nutter			Date of Receipt
	Mailing Address 1301 Pennsylvania Av			09 / 30 / 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: SA11AI.5109  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		923.10
	Name of Employer Reinsurance Assn of Ameri-	Occupation President	t	Bi-weekly Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2923.15	
- В.	Full Name (Last, First, Middle Initial) Franklin Nutter			Date of Receipt
	Mailing Address 1301 Pennsylvania Av	enue N.W.		12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.5126
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  1076.95
	Name of Employer Reinsurance Assn of Ameri- ca	Occupation Presiden		Bi-weekly Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.10	
- C.	Full Name (Last, First, Middle Initial) Mrs. Mary Z. Seidel	1		Date of Receipt
	Mailing Address 1301 Pennsylvania Av Suite 900	enue, N.W.		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: SA11AI.5110
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period  240.00
	Name of Employer Reinsurance Assn of Ameri- ca		ector of Federal Affairs	Bi-weekly Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 760.00	
	SUBTOTAL of Receipts This Page (optional)		<b>\</b>	2240.05
ŀ	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	38)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Report or for commercial purposes, other than u	ts and Statements may sing the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION	<del>-</del>		
Full Name (Last, First, Middle Initial) Mrs. Mary Z. Seidel			Date of Receipt
<del></del>	nia Avenue, N.W.		12 31 7 2009
City Washington	State DC	Zip Code 20004	Transaction ID: SA11AI.5127  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		280.00
Name of Employer Reinsurance Assn of Ameri- ca	Occupation VP & Dire	n ector of Federal Affairs	Bi-weekly Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Mr. Joseph B. Sieverling	l .		Date of Receipt
Mailing Address 1301 Pennsylva Suite 900	nia Avenue, N.W.		09 / 30 / Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: SA11AI.5111  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		240.00
Name of Employer Reinsurance Assn of Ameri- ca	Occupation VP & Dire	n ector of Financial Services	Bi-weekly Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00	
Full Name (Last, First, Middle Initial) Mr. Joseph B. Sieverling			Date of Receipt
Mailing Address 1301 Pennsylva Suite 900	nia Avenue, N.W.		12 31 7 2009
City Washington	State DC	Zip Code 20004	Transaction ID: SA11AI.5128  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		280.00
Name of Employer Reinsurance Assn of Ameri- ca		ector of Financial Services	Bi-weekly Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	
SUBTOTAL of Receipts This Page (opt	tional)		800.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Cireck only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF A	MERICA POLITICAL ACTION COM	IMITTEE INC (REPAC)
Full Name (Last, First, Middle Initial) Ms Tamara L Stanton		Date of Receipt
Mailing Address 1301 Pennsylvania Av Suite 900	enue	09 / 30 / 2009
City	State Zip Code	Transaction ID: SA11Al.5112
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer Reinsurance Assjn. of Ame- rica	Occupation Deputy Director of State Relation	Bi-weekly Payroll Deduction
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 346.14	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	96.15
TOTAL This Period (last page this line number only)	<b>•</b>	4416.09

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			IUMBE	R:			PAG	E 11/	13	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	2	k only	22	X 23		24		25 29	F	26 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			rson fo					g con	tribution		30
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF AMER	ICA POLITICAL ACTION	COMM	ITTEE	INC (	REPAC	)					
Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTE	<u> </u>				action ID			23.5	160		
Mailing Address PO BOX 440305				1 <sup>M</sup> 2	M / D	0 2	′	Y	žoŏ	9 <sup>Y</sup>	
,	State Zip Code MA 02144			Amou	nt of Eac	h Dis	sbur	-			bd
Purpose of Disbursement Campaign Contribution								•	1000.0	Ō.	
Candidate Name CAPUANO FOR CONGRESS COMMITTE		Category Type	'/								
Office Sought:    X   House   Disburse   X     Senate   President     State: MA   District: 08	nent For: 2009 Primary General Other (specify)										
Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE					action ID	seme	ent	23.5	151		
Mailing Address 631-B Pennsylvania Ave. Basement UNIT	SE			1 <sup>M</sup> 0	M / D	0 5	′	Υ	ž 0 ŏ	9 <sup>Y</sup>	
	State Zip Code DC 20003			Amou	nt of Eac	h Dis	sbur	-			od
Purpose of Disbursement  Candidate Name		Category	<b>"</b> /			•			1000.0	Ō.	
FREEDOM PROJECT; THE  Office Sought: House Senate President  State: District:	nent For: 2009 Primary General Other (specify)	Type									
Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON					action IC of Disburs		_	23.5	116		
Mailing Address P.O. Box 100 P.O. Box 100				0 <sup>M</sup> 7	M / D	27	′	Υ	ž 0 ŏ	9 <sup>Y</sup>	
	State Zip Code MS 39041			Amou	nt of Eac	h Dis	sbur				bd
Purpose of Disbursement			L.					1000.0	Û		
Candidate Name FRIENDS OF BENNIE THOMPSON		Category Type	/								
Office Sought:  X House Senate President State: MS District: 02	nent For: 2010 Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>			-		3	0.000	0	
TOTAL This Period (last page this line number only) E6AN026			•	FE/	C Sched	ule P	3 / F	Form	3X) (P	evice	

TEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page 27		Use sep	arate schedule(s)	_	NUMBER: PAGE 12 / 13
Arry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of stilicting contributions from rounneroial purposes, other than using the name and address of any political committee to solicit contributions from such committee or normalized provided by any person for the purpose of stilicting contributions.  AMAE OF COMMITTEE (in Full)  REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)  Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS  Mailing Address 4590 Macarthur Boulevard Suite 500  City State Zip Code CA 92660  Purpose of Disbursement Campaign Contribution Candidate Name JOHN CAMPBELL FOR CONGRESS  Office Sought: X House Senate President State: CA District: 48  Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  City State Zip Code (Sageony) Mailing Address PO BOX 14631  Transaction ID: SB23.5113 Date of Disbursement this Perio (Sageony) Mailing Address PO Box 14631  Transaction ID: SB23.5117 Date of Disbursement this Perio (Sageony) Mailing Address PO Box 550  City State Zip Code (Sageony) Mailing Address PO Box 550  City State Zip Code (Sageony) Mailing Address PO Box 550  City State Zip Code (Sageony) Mailing Address PO Box 550  City State Zip Code (Sageony) Mailing Address PO Box 550  City State Zip Code (Sageony) Mailing Address PO Box 550  City State Signeral President Presi	FEMIZED DISBURSEMENTS	for each	category of the '	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)  Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS  Mailing Address 4590 Macarthur Boulevard Suite 500  City State Zip Code Newport Beach CA 92660  Purpose of Disbursement Candidate Name JOHN CAMPBELL FOR CONGRESS  Office Sought: X House President State: CA District: 48  Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Office Sought: Senate President State: Distursement Candidate Name MOORE FOR CONGRESS  Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Office Sought: House President State: District: Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Office Sought: House President State: District: Full Name (Last, First, Middle Initial) PORTMAN FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 550  City State Zip Code Milford OH 45150  Purpose of Disbursement Candidate Name Moore FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 550  City State Zip Code OH 45150  Purpose of Disbursement Candidate Name Moore For Congress Committee  Mailing Address P.O. Box 550  City State Zip Code OH 45150  Purpose of Disbursement Candidate Name Moore For Congress Committee  Mailing Address P.O. Box 550  City State Zip Code OH 45150  Purpose of Disbursement Candidate Name PortTMAN FOR CONGRESS COMMITTEE  Office Sought: X House President X Primary Category/ Type  Amount of Each Disbursement this Perio  Amount of Each Disbursement Total Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X House President X Primary Category/ Type  Office Sought: X				d by any person t	or the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) JOHN CAMPBELL FOR CONGRESS  Mailing Address  4590 Macarthur Boulevard Suite 500  City Newport Beach CA 92660  Purpose of Disbursement Campaign Contribution Candidate Name JOHN CAMPBELL FOR CONGRESS  Office Sought: X House President State: CA District: 48  Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Mailing Address PO BOX 14631  City Shawnee Mission Candidate Name Purpose of Disbursement Candidate Name Usbursement City Shawnee Mission Candidate Name President State: District: 48  Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Office Sought: Value President State: District: 48  Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) PORTMAN FOR CONGRESS COMMITTEE  Mailing Address P.O. Box 550  City Milford OH 45150  Purpose of Disbursement Candidate Name PortTMAN FOR CONGRESS COMMITTEE  Office Sought: Anount of Each Disbursement this Perior Category/ Type  Anount of Each Disbursement this Perior Category/ Type  Transaction ID: SB23.5117 Date of Disbursement this Perior  Transaction ID: SB23.5117 Date of Disbursement this Perior Category/ Type  Anount of Each Disbursement this Perior  Transaction ID: SB23.5117 Date of Disbursement  Transaction ID: SB23.5117 Date of Disbursement ID: SB23.5117 Date of Disbursement  Transaction ID: SB23.5117 Date of Disbursement ID: SB23.5117 Date of Disbursement ID: SB23.5117 Date of Disbursement  Transaction ID: SB23.5117 Date of Disbursement ID: SB23.5117 Da	NAME OF COMMITTEE (In Full)				
Mailing Address   4590 Macarthur Boulevard   Suite 500		WIENICA POL	ITICAL ACTIO	IN COMMITTE	E ING (NEFAG)
Suite 500  City State Zip Code Newport Beach CA 92660  Purpose of Disbursement Campaign Contribution  Cardidate Name JOHN CAMPBELL FOR CONGRESS  Office Sought: X House President Share Pour Confide Size Purpose of Disbursement Campaign Contribution  City Shawnee Mission KS 66285  Purpose of Disbursement Contribution  Candidate Name MOORE FOR CONGRESS  Office Sought: X Primary General President Shawnee Mission KS 66285  Purpose of Disbursement Contribution  Candidate Name MOORE FOR CONGRESS  Office Sought: Y President Shawnee Mission KS 66285  Purpose of Disbursement Contribution  Candidate Name President Shawnee Moore For Congress Committee President Shawnee Moore For Congress Office Sought: Y Primary General President Shawnee Moore For Congress Committee Adams Amount of Each Disbursement this Perior Type  Transaction ID: SB23.5113  Date of Disbursement Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement Top SB23.5117  Date of Disbursement Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Office Sought: House Senate President For: 2010  Category/ Type  Office Sought: House Senate President For: 2010  Category/ Type  Transaction ID: SB23.5117  Date of Disbursement For: 2010  Category/ Type  Office Sought: House Senate President For: 2010  Category/ Type  Office Sought: House Senate President For: 2010  Category/ Type  Office Sought: President For: 2010  Category/ Type					Date of Disbursement
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Milford OH 45150  Purpose of Disbursement  Candidate Name PORTMAN FOR CONGRESS COMMITTEE  Office Sought:	Mailing Address P.O. Box 550				07 06 2009
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	LINE NUMBER: PAGE 13 / 13									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	X 23 [ 28b	24 28c	П	25 29	26 30b				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF AMER	ICA POLITICAL ACTIO	N COMMITTE	EE INC (R	EPAC)								
Full Name (Last, First, Middle Initial) RANGEL FOR CONGRESS				ction ID: Disburse	ment			V				
Mailing Address PO Box 5577 MANHATTANVILLE STA			1 2	/ <b>1</b>	4 ′ _ ′	ž	0 Ŏ 9	)				
,	State Zip Code NY 10027		Amount	of Each I	Disburse	ment	this F	Period				
Purpose of Disbursement Campaign Contribution						,50	00.00					
Candidate Name RANGEL FOR CONGRESS		Category/ Type										
Office Sought:  X House Senate President State: NY District: 15	ment For: 2009 Primary General Other (specify)											
Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE			Date of	ction ID: Disburse	ment							
Mailing Address POST OFFICE BOX 109	1		1 <sup>M</sup> 0 M	<sup>/</sup> 0	7 ' L	ž	0 ŏ 9	) 1				
,	State Zip Code AL 35403		Amount	of Each I	Disburse	-						
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SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	<b>•</b>	7500.00

State: AL

District: 00