

**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

07

01

2009

through

12

31

2009

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

01

28

2010

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. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 13

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 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 6322.90 |
| (b) Cash on Hand at Beginning of Reporting Period | 10643.55 | |
| (c) Total Receipts (from Line 19) | 4416.09 | 24786.24 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 15059.64 | 31109.14 |
| 7. Total Disbursements (from Line 31) | 7500.00 | 23549.50 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 7559.64 | 7559.64 |
| 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. 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 | D | D | Y | Y | W | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 1 | 2 | 0 | 3 | 2 | 0 | 0 | 9 |

| 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) | 0.00 | 6000.00 |
| (d) Total Contributions (add Lines 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 |
| 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)) | 4416.09 | 24786.24 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4416.09 | 24786.24 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| 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) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 0.00 | 49.50 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 0.00 | 49.50 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 7500.00 | 23500.00 | |
| 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)).. | 7500.00 | 23549.50 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7500.00 | 23549.50 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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 |

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

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

FOR LINE NUMBER: PAGE 6 / 13

(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)

Dennis C. Burke

Mailing Address 2181 Jamieson Avenue
Apt 803

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Amer-
ica

Occupation
Vice President State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5106

Amount of Each Receipt this Period

120.00

Bi-weekly Payroll Deducti-
on

B.

Full Name (Last, First, Middle Initial)

Dennis C. Burke

Mailing Address 2181 Jamieson Avenue
Apt 803

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Amer-
ica

Occupation
Vice President State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5122

Amount of Each Receipt this Period

140.00

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

Marsha Cohen

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 Ame-
rica

Occupation
Sr. VP & Director of Ed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5107

Amount of Each Receipt this Period

230.82

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

490.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 13

(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)

Marsha Cohen

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 Ame-
rica

Occupation
Sr. VP & Director of Ed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5123

Amount of Each Receipt this Period

269.07

Bi-weekly Payroll Deducti-
on

B.

Full Name (Last, First, Middle Initial)

Tracey W. Laws

Mailing Address 6603 Weatheford Court

City State Zip Code
McLean VA 22101-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Amer-
ica

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5108

Amount of Each Receipt this Period

240.00

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

Tracey W. Laws

Mailing Address 6603 Weatheford Court

City State Zip Code
McLean VA 22101-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Amer-
ica

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5124

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

789.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 13

(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)

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 ▼

2923.15

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5109

Amount of Each Receipt this Period

923.10

Bi-weekly Payroll Deducti-
on

B.

Full Name (Last, First, Middle Initial)

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 ▼

4000.10

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5126

Amount of Each Receipt this Period

1076.95

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

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 ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5110

Amount of Each Receipt this Period

240.00

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

2240.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 13

(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)

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5127

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Sieverling

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 Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5111

Amount of Each Receipt this Period

240.00

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Sieverling

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 Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5128

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 13

(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 Tamara L Stanton

Mailing Address 1301 Pennsylvania Avenue
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Ame-
rica

Occupation
Deputy Director of State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5112

Amount of Each Receipt this Period

96.15

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

96.15

TOTAL This Period (last page this line number only)

4416.09

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

PAGE 11 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

A.

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO BOX 440305

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
Campaign ContributionCandidate Name
CAPUANO FOR CONGRESS COMMITTEECategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: SB23.5160

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

B.

Full Name (Last, First, Middle Initial)

FREEDOM PROJECT; THE

Mailing Address 631-B Pennsylvania Ave., SE
Basement UNITCity
WashingtonState
DCZip Code
20003

Purpose of Disbursement

Candidate Name
FREEDOM PROJECT; THECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5151

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF BENNIE THOMPSON

Mailing Address P.O. Box 100
P.O. Box 100City
BoltonState
MSZip Code
39041

Purpose of Disbursement

Candidate Name
FRIENDS OF BENNIE THOMPSONCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: SB23.5116

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional)

3000.00

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 12 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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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)
JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 Macarthur Boulevard
Suite 500

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Campaign Contribution

Candidate Name
JOHN CAMPBELL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: SB23.5129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
MOORE FOR CONGRESS

Mailing Address PO BOX 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Contribution

Candidate Name
MOORE FOR CONGRESS

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
PORTMAN FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 550

City Milford State OH Zip Code 45150

Purpose of Disbursement

Candidate Name
PORTMAN FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: SB23.5117

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 13 / 13

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

A.

Full Name (Last, First, Middle Initial)

RANGEL FOR CONGRESS

Mailing Address PO Box 5577
MANHATTANVILLE STA

City New York State NY Zip Code 10027

Purpose of Disbursement
Campaign Contribution

Candidate Name
RANGEL FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.5138

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
Campaign Contribution

Candidate Name
SHELBY FOR U S SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 00

Transaction ID: SB23.5133

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

7500.00