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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKWI OX	or Other Than Ar	n Authorized	Committe	e		Office Use Only				
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	g, type	12FE4M	5				
REINSURANCE ASSO	CIATION OF A	MERICA P	OLITICAL	ACTION		TEE INC (R	EPAC)			
ADDRESS (number and street)	1445 NEW YORK AV	VENUE NW								
Check if different		7TH FLOOR								
than previously reported. (ACC)	WASHINGTON	WASHINGTON DC 20005								
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲		5	STATE A	ZIP COI	DE 🛦			
C C00256453		3. IS THIS REPORT	x (N	EW N) OR	AM (A)	IENDED				
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		lay 20 (M5) un 20 (M6)	-	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)			
(a) Quarterly Reports:		Apr 20 (M4)	- H .	ul 20 (M7)	X Oct 2	20 (M10)	(Non-Election Year Only) Jan 31 (YE)			
April 15 Quarterly Report (Q	1)	Αρι 20 (ΝΙ4)			. —					
July 15 Quarterly Report (Q2	(C) 12-Day	ion	Primary (12P)	L	General (12G)	Runoff (12R)			
October 15	Report for	the:	Convention (1	2C)	Special (12S)				
Quarterly Report (Q3 January 31 Year-End Report (YB		Election on	M M /	D D /	Y	in the State of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G)	Runoff (3	0R)	Special (30S)			
Termination Report (TER)		Election on	M = M /	D = D /	Y = Y = Y	in the State of				
5. Covering Period 09		2022	through	M M M	30 /	2022				
I certify that I have examined this		pest of my kno	wledge and b	elief it is tru	e, correct and	l complete.				
Type or Print Name of Treasurer	Nutter, Franklin, , ,									
Signature of Treasurer Nutter	; Franklin, , ,		[Electronically	<i>Filed]</i> □	ate 10	12 /	2022			
NOTE: Submission of false, errone	ous, or incomplete info	ormation may su	bject the pers	on signing th	is Report to th	e penalties of 52	U.S.C. § 30109			
Office Use Only						FEC FOR Rev. 05/20				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period: From:	9 01 2022 To	9 30 2022							
	COLUMN A This Period	COLUMN B Calendar Year-to-Date							
6. (a) Cash on Hand January 1, 2022		13447.97							
(b) Cash on Hand at Beginning of Reporting Period	18224.83								
(c) Total Receipts (from Line 19)	594.02	23087.41							
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18818.85	36535.38							
7. Total Disbursements (from Line 31)	2517.80	20234.33							
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16301.05	16301.05							
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 multical	andidate 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. 05/2016)

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

	eport Covering the Period: From: 09	01 2022 To:	09 30 / 2022
	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	576.16	10370.88
	(i) Itemized (use Schedule A)		1007 0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	576.16	10370.88
			0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	12500.00
	(such as PACs)	49. 49. 40.	1200.00
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	576.16	22870.88
12.	Transfers From Affiliated/Other	4 4	7
	Party Committees	0.00	0.00
		7 7 7	
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	17.86	216.52
10	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	17.00	216.53
10.	to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts	4 4	4 4
	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	4 4	4
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	() T T		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		20077 44
	12, 13, 14, 15, 16, 17, and 18(c))▶	594.02	23087.41
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	594.02	23087.41

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			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I Gliou	Calcilual Teal-to-Date			
(i) Federal Share	0.00	0.00			
		0.00			
(ii) Non-Federal Share(b) Other Federal Operating	. 0.00	0.00			
Expenditures	. 17.80	234.33			
(c) Total Operating Expenditures	17.80	234.33			
(add 21(a)(i), (a)(ii), and (b))	17.00	204.00			
Committees	. 0.00	0.00			
Federal Candidates/Committees and Other Political Committees	. 2500.00	20000.00			
. Independent Expenditures (use Schedule E)	. 0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	4 4			
(use Schedule F)	. 0.00	0.00			
. Loan Repayments Made	. 0.00	0.00			
'. Loans Made	. 0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	4 4 4				
man Follical 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			
. Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
 Federal Election Activity (52 U.S.C. § 30 (a) Allocated Federal Election Activity (from Schedule H6) 	101(20))				
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
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			
. Total Disbursements (add Lines 21(c), 22),				
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).		20234.33			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	∙▶ 2517.80	0000100			
,	2317.00	20234.33			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
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)	576.16	22870.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	576.16	22870.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	17.80	234.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	17.86	216.53
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 0.06	17.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	F	OR	LINE	PAGE		6	OF	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.

OI	for commercial purposes, other than using the n	ame and add	ress of any political committee to	Solicit contributions from Such committee.					
\rangle	NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION	OF AME	RICA POLITICAL ACTI	ON COMMITTEE INC (REPAC)					
Α.	Full Name of Individual (Last, First, Middle Initia Austin, Nicole, , , Mailing Address 1445 New York Avenue NW	l) or Full Org	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	7th Floor City	State	Zip Code	Transaction ID : SA11AI.6754					
	Washington	DC	20005	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	ederal political committee.							
	Name of Employer (for Individual)	ation (for Individual)	Memo Item						
	Reinsurance Assn of America Receipt For:		r Vice President, Federal Affairs						
	Primary General Other (specify) ▼	ear-to-Date ▼ 3461.58							
В.	Full Name of Individual (Last, First, Middle Initia Burke, Dennis, C., , Mailing Address 1445 New York Avenue NW	l) or Full Org	anization Name	Date of Receipt					
	7th Floor			09 26 2022					
	City	State	Zip Code	Transaction ID : SA11AI.6755					
	Washington	DC	20005	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.								
	Name of Employer (for Individual) Reinsurance Assn of America		ation (for Individual) President State Relations	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 360.00						
С.	Full Name of Individual (Last, First, Middle Initia Carroll, Barbara, W., Ms,	l) or Full Org	anization Name	Date of Receipt					
	Mailing Address 1445 New York Avenue NW 7th Floor			09 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State DC	Zip Code	Transaction ID : SA11AI.6756					
	Washington FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Reinsurance Assn of America Receipt For:	Directo	ation (for Individual) or of Membership & Communicati	Memo Item					
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 360.00						
S	UBTOTAL of Receipts This Page (optional)			232.31					
Т	OTAL This Period (last page this line number on	ıly)	>						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	OR	LINE	PAGE	7	OF	11			
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	X	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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cohen, Marsha, , , Date of Receipt Mailing Address 1445 New York Avenue NW 7th Floor City Zip Code State Transaction ID: SA11AI.6757 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. VP & Director of Education Reinsurance Assn of America Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martin, Paul, , , Date of Receipt Mailing Address 1445 New York Ave NW, 7th Floor 2022 City State Zip Code Transaction ID: SA11AI.6758 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America Vice President, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Morell, Karalee, , , Date of Receipt Mailing Address 1445 New York Avenue NW 26 2022 7th Floor City State Zip Code Transaction ID: SA11AI.6759 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America Vice President & Asst. General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... 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

F	OR	LINE	PAGE	8	OF	11				
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		13		14		15	16	6	17	

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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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nutter, Franklin, , , Date of Receipt Mailing Address 1445 New York Avenue NW 2022 7th Floor City Zip Code State Transaction ID: SA11AI.6760 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 153.85 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America President Receipt For: Aggregate Year-to-Date ▼ Primary General 2769.30 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sieverling, Joseph, B., Mr., Date of Receipt Mailing Address 1445 New York Avenue NW 09 2022 7th Floor City State Zip Code Transaction ID: SA11AI.6761 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America VP & Director of Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 203.85 SUBTOTAL of Receipts This Page (optional)..... 576.16 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		FOR LINE NUMBER: PAGE 9 OI										11
Use separate schedule(s) for each category of the	(0	(check only one)										
Detailed Summary Page			11a		11b		11c		12			
			13		14	X	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) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Reinsurance Association of America Date of Receipt Mailing Address 1445 New York Avenue, NW 2022 7th Floor City Zip Code State Transaction ID: SA15.6751 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 17.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sept. bank fee reimbursement - cleared after deadline. Will refund RAA in compliance w/ federal law Receipt For: Aggregate Year-to-Date ▼ Primary General 216.53 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 17.86 SUBTOTAL of Receipts This Page (optional)..... 17.86 TOTAL This Period (last page this line number only).....

S 17

Use separate schedule;	S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 10 OF 11				
Comparison copied from such Reports and Statements may root be sold or used by any person for the purpose of soliciting contributions for for commencial purposes, other than using the name and address of any political committee to solicit contributions from such Committee.		•			_	E NOMBEN.				
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) Full Name (Last, First, Middle Initial) A Sandy Spring Bank Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Cany Cary State Disbursement Disbursement Disbursement Disbursement District Full Name (Last, First, Middle Initial) State District Full Name (Last, First, Middle Initial) B. City State Disbursement District Full Name (Last, First, Middle Initial) City State Disbursement District Full Name (Last, First, Middle Initial) District District State Disbursement For: Candidate Name Office Sought House Purpose of Disbursement District District State Disbursement For: Candidate Name Office Sought House Purpose of Disbursement District State Disbursement For: Candidate Name Office Sought House Purpose of Disbursement District State District Name (Last, First, Middle Initial) Date of Disbursement FEC Identification Number C. Amount of Each Disbursement this Period Amount of Each Disbursement this Period Type Type District Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City Amount of Each Disbursement this Period Amount of Each Disbursement this	П	LIVITZED DISBURSEIVIEN IS			· ·					
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 Pull) REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Washington City State Candidate Name Candidate Name City Uniform Sought: Full Name (Last, First, Middle Initial) B. State City Candidate Name Candidate Name City State City Candidate Name Candidate Name Candidate Name City State City Candidate Name Candidate Name City State City State City State City State City State City State City Category Type Category Type Category Type Category Type Category Type Category Type FEC Identification Number Category Type Amount of Each Disbursement this Period Fec Identification Number Category Type			Detailed	Summary Page	28a	28b 28c 29 30b				
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 Pull) REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Full Name (Last, First, Middle Initial) A Sandy Spring Bank Melling Address 5440, 1025 Connecticut Ave NW # 2 City Washington City Washington Office Sought Purpose of Disbursement Full Name (Last, First, Middle Initial) B. City State Primary General Primary General Primary General Primary General FEC Identification Number Classification Melling Address City State Ci	Ar	y information copied from such Reports and State	ments may i	not be sold or us	sed by any perso	on for the purpose of soliciting contributions				
REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address City Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Disbursement Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Disbursement Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: State: District: State: District: Mailing Address City State: Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursement this Period Memo Item Memo Item Subtrotal of Disbursement Tris Page (optional) Memo Item										
REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address City Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Disbursement Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Disbursement Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Cartegory/ Type Office Sought: House President State: District: State: District: State: District: Mailing Address City State: Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursement this Period Memo Item Memo Item Subtrotal of Disbursement Tris Page (optional) Memo Item	\setminus	NAME OF COMMITTEE (In Full)								
Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address 5440, 1025 Connectiout Ave NW # 2 City Washington Purpose of Disbursement Mornhy bank fee Candidate Name Office Sought: House President Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) State: District: Category/ Office Sought: House Disbursement For: Senate President Disbursement For: Sonate President Disbursement	$ \rangle$	• • •	OF AMER	RICA POLIT	TICAL ACTI	ON COMMITTEE INC (REPAC)				
A Sandy Spring Bank Mailing Address 5440, 1026 Connecticut Ave NW # 2 City Washington Purpose of Disbursement Monthly bank fee Candidate Name Office Sought: House Disbursement For: Senate Primary General Purpose of Disbursement Disbursement For: Senate Primary General Disbursement Disbursement	\angle									
Mailing Address 5440, 1025 Connecticut Ave NW # 2 City										
Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Washington Office Sought: House Disbursement Primary General Primary General	A.	Sandy Spring Bank				Date of Disbursement				
City Washington Purpose of Disbursement Monthly bank fee Candidate Name Office Sought:										
Washington Purpose of Disbursement Monthly bank fee Candidate Name Office Sought: House President State: Disbursement For: Other (specify) ▼ State Zip Code President State: Disbursement Category/ Type Date of Disbursement Category/ Type FEC Identification Number Category/ Type Date of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type FEC Identification Number Category/ Type Date of Disbursement this Period FUI Name (Last, First, Middle Initial) Category/ Type District: D		Mailing Address 5440, 1025 Connecticut Ave NW #	7.2			09 20 2022				
Washington Purpose of Disbursement Monthly bank fee Candidate Name Office Sought: House Primary General Pfell Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: General Primary General Office Sought: House Primary General Office Sought: State Disbursement Candidate Name Office Sought: House Primary General Office Sought: House Primary General Office Sought: House Primary General Office Sought: District: District: Full Name (Last, First, Middle Initial) Category/ Type FEC Identification Number Category/ Type FEC Identification Number Category/ Type Total Disbursement this Period District: District: Full Name (Last, First, Middle Initial) Category/ Type District: District: Fell Name (Last, First, Middle Initial) Ct. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code FEC Identification Number Category/ Type FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item Substorate This Page (optional) Memo Item Substorate Of Disbursement this Period Transaction ID: \$8218.6750 Amount of Each Disbursement this Period FEC Identification Number Category/ Type Memo Item Substorate Of Disbursement This Peage (optional) Memo Item Substorate Of Disbursement This Peage (optional) Memo Item		City	State	Zin Code						
Purpose of Disbursement Monthly bank fee Candidate Name Office Sought:		-		1 '		FEC Identification Number				
Transaction ID: SB21B.6750 Candidate Name Condidate Name Office Sought:		Purpose of Disbursement		1		C				
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REINSURANCE ASSOCIATION C	OF AMER	RICA POLIT	ICAL ACTI	ON COMMITTEE INC (REPAC)				
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