

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

Office Use Only

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

12FE4M5

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

ADDRESS (number and street)

1445 NEW YORK AVENUE NW

7TH FLOOR

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Nutter, Franklin, , ,

Signature of Treasurer

Nutter, Franklin, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2023 To: M M / D D / Y Y Y Y 08 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2023		5390.00
(b) Cash on Hand at Beginning of Reporting Period.....	13035.10	
(c) Total Receipts (from Line 19)	1152.32	18507.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14187.42	23897.43
7. Total Disbursements (from Line 31)	21.33	9731.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14166.09	14166.09
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
08 01 2023

To:

M M / D D / Y Y Y Y
08 31 2023

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).....

1152.32

9734.48

(ii) Unitemized

0.00

60.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1152.32

9794.48

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

7500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

1152.32

17294.48

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

212.95

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

1152.32

18507.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1152.32

18507.43

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21.33	231.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21.33	231.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21.33	9731.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21.33	9731.34

DETAILED SUMMARY PAGE
of Disbursements

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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)	1152.32	17294.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1152.32	17294.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	21.33	231.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	212.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	21.33	18.39

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 9
(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Austin, Nicole, , ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2023 Transaction ID : SA11AI.6985	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 384.62	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item 192.31/biweekly	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 3269.03		
Name of Employer (for Individual) Reinsurance Assn of America		Occupation (for Individual) Senior Vice President, Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burke, Dennis, C., ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2023 Transaction ID : SA11AI.6986	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 40.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item 20.00/biweekly	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 340.00		
Name of Employer (for Individual) Reinsurance Assn of America		Occupation (for Individual) Vice President State Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Carroll, Barbara, W., Ms,			Date of Receipt MM / DD / YYYY 08 / 31 / 2023 Transaction ID : SA11AI.6987	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 40.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item 20.00/biweekly	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 340.00		
Name of Employer (for Individual) Reinsurance Assn of America		Occupation (for Individual) Director of Membership & Communicati		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....▶			464.62	
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 OF 9
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

A. Cohen, Marsha, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1445 New York Avenue NW 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reinsurance Assn of America Occupation (for Individual) Sr. VP & Director of Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.6988 Amount of Each Receipt this Period 40.00 <input type="checkbox"/> Memo Item 20.00/biweekly
B. Martin, Paul, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1445 New York Ave NW, 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reinsurance Assn of America Occupation (for Individual) Vice President, State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.6989 Amount of Each Receipt this Period 40.00 <input type="checkbox"/> Memo Item 20.00/biweekly
C. Morell, Karalee, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1445 New York Avenue NW 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reinsurance Assn of America Occupation (for Individual) Vice President & Asst. General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1700.00			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.6990 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Memo Item 100.00/biweekly
SUBTOTAL of Receipts This Page (optional)..... ▶			280.00
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 8 OF 9
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

A. Nutter, Franklin, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1445 New York Avenue NW 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reinsurance Assn of America Occupation (for Individual) President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2615.45			Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.6991 Amount of Each Receipt this Period 307.70 <input type="checkbox"/> Memo Item 153.85/biweekly
B. Sieverling, Joseph, B., Mr., Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1445 New York Avenue NW 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Reinsurance Assn of America Occupation (for Individual) VP & Director of Financial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00			Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2023 Transaction ID : SA11AI.6992 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item 50.00/biweekly
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼			Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			407.70
TOTAL This Period (last page this line number only)..... ▶			1152.32

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

PAGE 9 OF 9

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

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NAME OF COMMITTEE (In Full)

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
WashingtonState
DCZip Code
20036

Purpose of Disbursement

August Bank Fee

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	2	3		

FEC Identification Number

C**Transaction ID : SB21B.6993**

Amount of Each Disbursement this Period

21.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

21.33

21.33