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Image# 202008209261496357

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than	An Authorized	a Committee	,		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typinger the lines.	, type	12FE4M5	
REINSURANCE ASS	OCIATION OF	AMERICA P	OLITICAL	ACTION	COMMIT	TEE INC (REPAC)
<u> </u>						
ADDRESS (number and street)	1445 NEW YORK	AVENUE NW				
▼ Check if different	7TH FLOOR					
than previously reported. (ACC)	WASHINGTON				DC	20005
2. FEC IDENTIFICATION N	UMBER ▼	CITY 		S	TATE A	ZIP CODE ▲
C C00256453		3. IS THIS REPORT	X NE	ew) OR	AME (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		ay 20 (M5)	X Aug 20	Year Only)
(a) Quarterly Reports:		Mar 20 (M3)		n 20 (M6)	Sep 20	(Non-Election Year Only)
April 15	O4)	Apr 20 (M4)	Ju	1 20 (M7)	Oct 20	Jan 31 (YE)
Quarterly Report ((c) 12-Day	ection	Primary (12P)		General (1	2G) Runoff (12R)
Quarterly Report (October 15	Q2) Report		Convention (12	2C)	Special (12	28)
Quarterly Report (Q3)		M = M /	D D / Y		in the
Year-End Report (YE)	Election on				State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-E		General (30G)		Runoff (30	R) Special (30S)
Termination Report (TER)		Election on	M = M /	D D / Y	YYYY	in the State of
5. Covering Period 0	7 01 Y	2020	through	M M 07	31	2020
I certify that I have examined to	his Report and to the Nutter, Franklin, ,		wledge and be	elief it is true	, correct and	complete.
Type or Print Name of Treasure		,				
Signature of Treasurer	eer, Franklin, , ,		[Electronically I	Filed] Da	te 08	20 / 2020
NOTE: Submission of false, error	neous, or incomplete i	nformation may su	ubject the perso	on signing this	Report to the	penalties of 52 U.S.C. § 3010
Office Use						FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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:		97 31 7 2020						
	COLUMN A This Period	COLUMN B Calendar Year-to-Date						
6. (a) Cash on Hand January 1, 2020		18140.76						
(b) Cash on Hand at Beginning of Reporting Period	13130.87							
(c) Total Receipts (from Line 19)	1192.32	11182.43						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14323.19	29323.19						
7. Total Disbursements (from Line 31)	1030.00	16030.00						
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13293.19	13293.19						
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)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees	1192.32	8682.40				
(i) Itemized (use Schedule A)	4 1000	3002.70				
(ii) Unitemized	0.00	0.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1192.32	8682.40				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	2502.00				
(such as PACs)	0.00	2500.00				
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	1192.32	11182.40				
. Transfers From Affiliated/Other		0.00				
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
. Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures	7 7 7	7 7 7				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
. Refunds of Contributions Made						
to Federal Candidates and Other	0.00	0.00				
Political Committees Other Federal Receipts	0.00	0.00				
(Dividends, Interest, etc.)	0.00	0.03				
. Transfers from Non-Federal and Levin Funds	4 4	4 4				
(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				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	1192.32	11182.43				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	1192.32	11182.43				

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)		Calcinati I dal 10 Dato			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	4 4				
Expenditures(c) Total Operating Expenditures	30.00	30.00			
(add 21(a)(i), (a)(ii), and (b))▶	30.00	30.00			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	16000.00			
Independent Expenditures					
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	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			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00			
Y	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
Entirely With Federal Funds	0.00	0.00			
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))		10000			
	1030.00	16030.00			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	1030.00	16030.00			

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)	1192.32	11182.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1192.32	11182.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	=	6	OF	10	
(check only one)										
	X	11a		11b		11c		12	2	
		13		14		15		16	6	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.

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 Austin, Nicole, , , Date of Receipt Mailing Address 1445 New York Avenue NW 7th Floor City Zip Code State Transaction ID: SA11AI.6418 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 384.62 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Vice President, Federal Affairs Reinsurance Assn of America \$192.31/biweekly Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burke, Dennis, C., , Date of Receipt Mailing Address 1445 New York Avenue NW 2020 7th Floor City State Zip Code Transaction ID: SA11AI.6419 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America \$20.00/biweekly Vice President State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Carroll, Barbara, W., Ms, Date of Receipt Mailing Address 1445 New York Avenue NW 2020 7th Floor City State Zip Code Transaction ID: SA11AI.6420 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) \$20.00/biweekly Reinsurance Assn of America Director of Membership & Communicati Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 464.62 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

FOR LINE NUMBER:				PAGE		7	OF		10		
(check only one)											
	X	11a		11b		11c		12	2		
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION	ON OF AMERICA POLITICAL ACT	ION COMMITTEE INC (REPAC)
Full Name of Individual (Last, First, Middle Cohen, Marsha, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1445 New York Avenue NW 7th Floor	1	07 31 2020
City	State Zip Code	Transaction ID : SA11Al.6421
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Reinsurance Assn of America Receipt For:	Sr. VP & Director of Education	\$20.00/biweekly
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Other (specify) ¥	300.00	
Full Name of Individual (Last, First, Middle 3. Martin, Paul, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1445 New York Ave NW, 7tl	a Floor	M M / D D / Y Y Y Y
	11 1001	07 31 2020
City	State Zip Code	Transaction ID : SA11Al.6430
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Reinsurance Assn of America	Occupation (for Individual) Vice President, State Relations	Memo Item \$20.00/biweekly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	
Full Name of Individual (Last, First, Middle Morell, Karalee, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1445 New York Avenue NW 7th Floor	I	07 31 2020
City	State Zip Code	Transaction ID : SA11AI.6422
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Reinsurance Assn of America	Occupation (for Individual) Vice President & Asst. General Counsel	Memo Item \$100.00/biweekly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1500.00	
SUBTOTAL of Receipts This Page (optional).	•	280.00
TOTAL This Period (last page this line number	er 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	10		
	(0	che	ck only	or	ne)					
		X	11a		11b		11c	12	2	
			13		14		15	16	6	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 Nutter, Franklin, , , Date of Receipt Mailing Address 1445 New York Avenue NW 2020 7th Floor City Zip Code State Transaction ID: SA11AI.6423 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 307.70 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Reinsurance Assn of America President \$153.85/biweekly Receipt For: Aggregate Year-to-Date ▼ Primary General 2307.75 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 2020 7th Floor City State Zip Code Transaction ID: SA11AI.6424 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 \$50.00/biweekly VP & Director of Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Williamson, Scott, , , Date of Receipt Mailing Address 1445 New York Avenue NW 2020 7th Floor City Zip Code State Transaction ID: SA11AI.6425 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) \$20.00/biweekly Reinsurance Assn of America VP & Director of Financial Analytics Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 447.70 SUBTOTAL of Receipts This Page (optional)..... 1192.32 TOTAL This Period (last page this line number only).....

S 17

Use separate schedule(s) for each category of the petalled Summary Page Variable V	S	CHEDULE B (FEC Form 3X)		FOR LINE				NUMBER: PAGE 9 OF 10						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of recommendal purposes, other than using the name and address of any portion for the purpose of soliciting contributions or for commendal purposes, other than using the name and address of any portion for the purpose of soliciting contributions or for commendate to solicit contributions from such committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Pull Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address 5440, 1925 Connecticut Ave NOV # 2 City	IT	EMIZED DISBURSEMENTS	Use sepa	Use separate schedule(s)				(check only one)						
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 PLII) REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEES INC (REPAC) Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address 5440, 1025 Connecticut Ave NW # 2. City Weathington Purpose of Disbursement Bank Fee Candidate Name Category/ Type Fec Identification Number Category/ Type Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each Disbursement this Period Transaction ID: S8218.6437 Amount of Each		-										L		
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 Purpose of Disbursement Bank Fase Cariodidate Name Citical Sought: Full Name (Last, First, Middle Initial) B. Sanate Primary General Purpose of Disbursement Candidate Name City State City State Synate Primary General Purpose of Disbursement Candidate Name City City State City State City State City Calegopy/ Type FEC Identification Number Calegopy/ Typ	Λ-	ay information conied from such Poports and States	ments may :	not be sold or us	ed by				Dire					tions
REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC) Full Name (Last, First, Middle Initial) A Sandy Spring Bank Mailing Address 5440, 1025 Connectcut Ave NW # 2 City														
Full Name (Last, First, Middle Initial) A. Sandy Spring Bank Mailing Address 5440, 1025 Connecticut Ave NIW # 2 City Washington Bank Fee Candidate Name Category/ Type Office Sought: House President President Primary General Memo Item Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House President Primary General State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Category/ Type Memo Item Date of Disbursement this Period FEC Identification Number Category/ Type Memo Item State: District: Gategory/ Type Office Sought: House Senate Primary General Primary General Primary General Primary General Memo Item Substortal of Disbursement this Period Memo Item Substortal of Disbursement This Page (optional) Memo Item		· · · · ·												- 4 6 '
As Sandy Spring Bank Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Washington Purpose of Disbursement Bank Fee Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: District: Full Name (Last, First, Middle Initial) Category Type Office Sought: District: Full Name (Last, First, Middle Initial) Category Type Office Sought: District: Candidate Name Office Sought: District: Candidate Name Office Sought: District: Candidate Name Office Sought: District: Candidate Name Office Sought: District: State: District: Candidate Name Office Sought: District: State District: State Disbursement For: District: Candidate Name Office Sought: District: Candidate Name Office Sought: District: Senate President Office Sought: District: Senate President Office Sought: District: Senate President State: District: Senate President State: District: SubstorAL of Disbursements This Page (optional)	\angle)F AMEF	RICA POLIT		_ A(C [[(ON C)MI	MIT	IEE	INC	(RE	PAC)
Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Washington	Δ						T	Date o	of Die	hureo	ment			
Mailing Address 5440, 1025 Connecticut Ave NW # 2 City Ci	Λ.	Sandy Spring Bank							_			Y	Y	Y
Washington DC 20036 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought:		Mailing Address 5440, 1025 Connecticut Ave NW #	± 2	1 1 1 1 1 1 1										
Purpose of Disbursement Bank Fee Candidate Name Office Sought:		,				FEC Id	dentif	icatior	n Num	ber				
Bank Fee Candidate Name Category/ Office Sought: House Primary General President State Disbursement For: Senate President State Disbursement Pull Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement this Period Full Name (Last, First, Middle Initial) Category/ Type Memo Item Date of Disbursement Category/ Type Memo Item Date of Disbursement Category/ Type Office Sought: House Disbursement Office Sought: House		<u> </u>	DC	20036						_	-			
Cardidate Name Office Sought: House Senate President State: District: House Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) State: District: Disbursement Candidate Name Office Sought: House President Disbursement For: Senate President District: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Category/ Type Memo Item FEC Identification Number C. Amount of Each Disbursement this Period Memo Item FEC Identification Number C. Amount of Each Disbursement this Period Category/ Type Office Sought: President Disbursement For: Senate President Disbursement Memo Item Substitute Office Sought: Memo Item		•					Ш		anea	ction	ID · SI	221R	6/37	
Office Sought:		Candidate Name					//				_			Period
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House President Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Amount of Each Disbursement this Period Memo Item Date of Disbursement Category/ Type Office Sought: House Senate Primary General Office Sought: House Disbursement For: Senate President State: District: Candidate Name Office Sought: House Disbursement For: Gategory/ Type Office Sought: House President Other (specify) ▼ State: District: Memo Item State: Disbursement For: General Primary General Primary General President State: District: Memo Item Substortal of Disbursements This Page (optional)		Office Sought: House Dieburse	ment For		Ту	/pe	_	Г.	-		-	_	30.0	0
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Full Name (Last, First, Middle Initial) B. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: Senate President State: Disbursement City State Disbursement For: Senate Primary Other (specify) Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Date of Disbursement FEC Identification Number City Date of Disbursement For: Senate Primary Other (specify) Date of Disbursement FEC Identification Number Category/ Type The Code FEC Identification Number Category/ Type Office Sought: Date of Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: Disbursement For: Senate Primary General Other (specify) Memo Item Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Substrict: Disbursements This Page (optional)			Other (spec	•				Me	emo	Item				
Mailing Address City	_						+							
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City								M M / D D / Y Y Y Y						
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Tech technication Number Tech Disbursement this Period Tech Disbursement this Period Technication Number Tec		Mailing Address							4	-		<u>_</u>		
Candidate Name Category/ Type		City	State	Zip Code				FEC Id	dentif	icatior	n Num	ber		
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