

**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

04

01

2011

through

06

30

2011

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

07

12

2011

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)

Page 2

Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>2485.46</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>-877.72</div>	
(c) Total Receipts (from Line 19) .....	<div>9161.56</div>	<div>12298.38</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>8283.84</div>	<div>14783.84</div>
7. Total Disbursements (from Line 31) .....	<div>6000.00</div>	<div>12500.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>2283.84</div>	<div>2283.84</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ 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)

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
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

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) .....	4161.56	7064.66
(ii) Unitemized .....	0.00	233.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4161.56	7298.38
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9161.56	12298.38
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)) .....	9161.56	12298.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9161.56	12298.38

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	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	12500.00	
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))..	6000.00	12500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	12500.00	

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) .....	9161.56	12298.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9161.56	12298.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 12

(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)

Mr. John N. Adimari

Mailing Address 9 Tamarack Place

City

Greenwich

State

CT

Zip Code

06831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Partner Reinsurance Compa-  
ny

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.5290

Amount of Each Receipt this Period

500.00

Check No. 4755

**B.**

Full Name (Last, First, Middle Initial)

Dennis C. Burke

Mailing Address 2181 Jamieson Avenue  
Apt 803

City

Alexandria

State

VA

Zip Code

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period

140.00

Biweekly Payroll

**C.**

Full Name (Last, First, Middle Initial)

Marsha Cohen

Mailing Address 1301 Pennsylvania Avenue, N.W.  
Suite 900

City

Washington

State

DC

Zip Code

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 ▼

248.33

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.5286

Amount of Each Receipt this Period

134.61

Biweekly payroll

**SUBTOTAL** of Receipts This Page (optional) .....

774.61

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 12

<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.**

Full Name (Last, First, Middle Initial)

Mr. Brian Hegarty

Mailing Address 38 Overlook Drive

City

Berkeley Heights

State

NJ

Zip Code

07922-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chubb Re

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.5291

Amount of Each Receipt this Period

1250.00

Check No. 1008

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick J. Hughes

Mailing Address 3 Fairway Drive

City

Hopewell

State

NJ

Zip Code

08526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Re-Insurance

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.5292

Amount of Each Receipt this Period

500.00

Check No. 159

**C.**

Full Name (Last, First, Middle Initial)

Tracey W. Laws

Mailing Address 6603 Weatheford Court

City

McLean

State

VA

Zip Code

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 ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.5287

Amount of Each Receipt this Period

280.00

Biweekly Payroll

SUBTOTAL of Receipts This Page (optional) .....

2030.00

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 / 12

(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.**

Full Name (Last, First, Middle Initial)

Franklin Nutter

Mailing Address 1301 Pennsylvania Avenue N.W.

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reinsurance Assn of Ameri-  
caOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.5288

Amount of Each Receipt this Period

1076.95

Biweekly Payroll

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Sieverling

Mailing Address 1301 Pennsylvania Avenue, N.W.  
Suite 900

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reinsurance Assn of Ameri-  
caOccupation  
VP & Director of Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: SA11AI.5289

Amount of Each Receipt this Period

280.00

Biweekly Payroll

SUBTOTAL of Receipts This Page (optional) .....

1356.95

TOTAL This Period (last page this line number only) .....

4161.56



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

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

FOR LINE NUMBER: PAGE 9 / 12

(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)

ACE GROUP HOLDINGS INC. POLITICAL ACTION COMMITTEE

Mailing Address 436 Walnut Street  
WAO4P

City State Zip Code  
Philadelphia PA 19106

FEC ID number of contributing  
federal political committee.

**C** C00348938

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11C.5293

Amount of Each Receipt this Period

5000.00

Check No. 49057034

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

**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 10 / 12

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) American Success PAC	<b>Transaction ID:</b> SB23.5306 <b>Date of Disbursement</b>																				
Mailing Address 701 8th Street, NW, Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Check No. 1499	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name American Success PAC	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAPUANO FOR SENATE	<b>Transaction ID:</b> SB23.5311 <b>Date of Disbursement</b>																				
Mailing Address 172 Central Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	1												
City Somerville State MA Zip Code 02145	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Void Check No. 1464	<table border="1"> <tr> <td colspan="10">-1000.00</td> </tr> </table>	-1000.00																			
-1000.00																					
Candidate Name Michael Michael Capuano	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress	<b>Transaction ID:</b> SB23.5308 <b>Date of Disbursement</b>																				
Mailing Address 50 F Street, NW, Suite 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Check No. 1495	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<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)  
DREIER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 505

City UPLAND State CA Zip Code 91785

Purpose of Disbursement  
Check No. 1497Candidate Name  
DAVID DREIERCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: SB23.5299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DENNIS ROSS

Mailing Address PO BOX 7310

City LAKELAND State FL Zip Code 33807

Purpose of Disbursement  
Check No. 1494Candidate Name  
FRIENDS OF DENNIS ROSSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: SB23.5297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

**C.** Full Name (Last, First, Middle Initial)  
GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEEMailing Address 831 Linwood Court  
Suite 300

City Birmingham State AL Zip Code 35222

Purpose of Disbursement  
Check No. 1493Candidate Name  
GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEECategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5296

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

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 / 12

☐ 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)  
NEUGEBAUER CONGRESSIONAL COMMITTEE

Mailing Address PO BOX 54175

City LUBBOCK State TX Zip Code 79453

Purpose of Disbursement  
Check 1498

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 19

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5300

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1536

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Check 1496

Candidate Name  
TIM JOHNSON FOR SOUTH DAKOTA INC

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: SD District: 00

Disbursement For: 2011  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.5298

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

6000.00