

**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

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Mary Z. Seidel

Signature of Treasurer

Electronically Filed by Mrs. Mary Z. Seidel

Date

07

14

2009

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)

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Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		6322.90
(b) Cash on Hand at Beginning of Reporting Period	3432.20	
(c) Total Receipts (from Line 19)	18260.85	20370.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21693.05	26693.05
7. Total Disbursements (from Line 31)	11000.00	16000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10693.05	10693.05
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 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)

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Write or Type Committee Name

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	0	3	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11860.85	13734.77
(ii) Unitemized	400.00	635.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12260.85	14370.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	6000.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18260.85	20370.15
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))	18260.85	20370.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18260.85	20370.15

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	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.....	11000.00	16000.00	
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))..	11000.00	16000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	16000.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18260.85	20370.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18260.85	20370.15
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:
(check only one)

PAGE 6 / 15

☒ 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.5074

Amount of Each Receipt this Period

350.00

Contribution

B.

Full Name (Last, First, Middle Initial)

W. Marston Becker

Mailing Address 1234 Staunton Road

City

Charleston

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Max Capital Group Ltd.

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.5053

Amount of Each Receipt this Period

1000.00

Contribution

C.

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 Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5075

Amount of Each Receipt this Period

140.00

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

1490.00

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 7 / 15

(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)

Marsha Cohen

Mailing Address 1301 Pennsylvania Avenue, N.W.
Suite 900City State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn., of Ame-
ricaOccupation
Sr. VP & Director of Ed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.5076

Amount of Each Receipt this Period

269.29

Bi-weekly Payroll Deducti-
on**B.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Englander

Mailing Address 14 Turner Drive

City State Zip Code
New Rochelle NY 10804FEC ID number of contributing
federal political committee.

C

Name of Employer
Partner Reinsurance Compa-
nyOccupation
V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.5064

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Thomas L. Forsyth

Mailing Address 54 Walpole Street

City State Zip Code
Dover MA 02030FEC ID number of contributing
federal political committee.

C

Name of Employer
Partner ReinsuranceOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.5087

Amount of Each Receipt this Period

700.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1219.29

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:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne Hommes

Mailing Address 316 Paul Court

City

Wyckoff

State

NJ

Zip Code

07481-3215

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.5073

Amount of Each Receipt this Period

350.00

Contribution

C.

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 3 / 2 0 0 9

Transaction ID: SA11AI.5058

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1850.00

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 9 / 15

(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)

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 Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5077

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

B.

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-
ca

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5078

Amount of Each Receipt this Period

1076.95

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

Wayne Paglieri

Mailing Address 6 Hunting Hills Road

City

Annandale

State

NJ

Zip Code

08801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Point Re US

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.5071

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)

2356.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 15

(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 F. Rathgeber

Mailing Address 12 Calais Road

City

Mendham

State

NJ

Zip Code

07946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arch Re

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5070

Amount of Each Receipt this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary Z. Seidel

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-
ca

Occupation
VP & Director of Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5079

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Sieverling

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

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn of Ameri-
ca

Occupation
VP & Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5080

Amount of Each Receipt this Period

280.00

Bi-weekly Payroll Deducti-
on

SUBTOTAL of Receipts This Page (optional)

2560.00

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 11 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

A.

Full Name (Last, First, Middle Initial)

Ms Tamara L Stanton

Mailing Address 1301 Pennsylvania Avenue
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reinsurance Assn. of Ame-
rica

Occupation
Deputy Director of State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5081

Amount of Each Receipt this Period

134.61

Bi-weekly Payroll Deducti-
on

B.

Full Name (Last, First, Middle Initial)

Theodore C Walker

Mailing Address 24 Rockwood Lane Spur

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partner Reinsurance

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.5086

Amount of Each Receipt this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Stephen Weinstein

Mailing Address 7 Peppercorn Lane

City State Zip Code
Southampton ZZ

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Re

Occupation
Senior VP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.5056

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2384.61

TOTAL This Period (last page this line number only)

11860.85

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

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

FOR LINE NUMBER: PAGE 12 / 15

(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 4 / 0 7 / 2 0 0 9

Transaction ID: SA11C.5068

Amount of Each Receipt this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

AEGON USA INC POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Charles Street

City State Zip Code
Baltimore MD 21201

FEC ID number of contributing
federal political committee.

C C00236414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11C.5060

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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)

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☐ 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)
BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 260

City State Zip Code
NEWTONVILLE MA 02460

Purpose of Disbursement
 Contribution

Candidate Name
BARNEY FRANK FOR CONGRESS COMMITTEE

Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO Box 2571

City State Zip Code
Wilson NC 27894

Purpose of Disbursement
 Contribution

Candidate Name

Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Transaction ID: SB23.5102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
EVAN BAYH COMMITTEE

Mailing Address 850 FORT WAYNE AVENUE

City State Zip Code
INDIANAPOLIS IN 46204

Purpose of Disbursement

Candidate Name
EVAN BAYH COMMITTEE

Category/
 Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.5097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

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)

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☐ 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)

FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City
WEST HARTFORD

State
CT

Zip Code
06127

Purpose of Disbursement
Contribution

Candidate Name
FRIENDS OF CHRIS DODD

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: CT District: 00

Transaction ID: SB23.5084

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

2000.00

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
Contribution

Candidate Name
FRIENDS OF DENNIS ROSS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 12

Transaction ID: SB23.5100

Date of Disbursement

05 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NELSON 2012

Mailing Address PO BOX 8666

City
OMAHA

State
NE

Zip Code
68108

Purpose of Disbursement
Campaign Contribution

Candidate Name
NELSON 2012

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: NE District: 00

Transaction ID: SB23.5090

Date of Disbursement

06 / 16 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

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)

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<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)
PENNSYLVANIANS FOR KANJORSKI

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement
Contribution

Candidate Name
PENNSYLVANIANS FOR KANJORSKI

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 11

Transaction ID: SB23.5085

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement
Contribution

Candidate Name
SHELBY FOR U S SENATE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: AL District: 00

Transaction ID: SB23.5099

Date of Disbursement

05 / 20 / 2009

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)

11000.00