

**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)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

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.

Nutter, Franklin, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Nutter, Franklin, , ,

[Electronically Filed]

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 Y Y  
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2021</span>		<span style="border: 1px solid black; padding: 2px;">3680.23</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">10406.32</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">2304.64</span>	<span style="border: 1px solid black; padding: 2px;">11162.24</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">12710.96</span>	<span style="border: 1px solid black; padding: 2px;">14842.47</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">16.53</span>	<span style="border: 1px solid black; padding: 2px;">2148.04</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">12694.43</span>	<span style="border: 1px solid black; padding: 2px;">12694.43</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 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 Y  
07 01 2021

To:

M M / D D / Y Y Y Y Y  
07 31 2021

**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).....

2304.64

8066.24

(ii) Unitemized .....

0.00

596.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2304.64

8662.24

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(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).....▶

2304.64

11162.24

## 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 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)).....▶

2304.64

11162.24

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

2304.64

11162.24

**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
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 .....	16.53	148.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16.53	148.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
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)) ..	16.53	2148.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16.53	2148.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2304.64	11162.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2304.64	11162.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	16.53	148.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	16.53	148.04

# **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 16

(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)**

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Austin, Nicole, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 02 / 2021</b></p> <p><b>Transaction ID : SA11AI.6464</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p>192.31</p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p>2307.66</p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) Senior Vice President, Federal Affairs</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Austin, Nicole, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 08 / 2021</b></p> <p><b>Transaction ID : SA11AI.6472</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p>192.31</p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p>2499.97</p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) Senior Vice President, Federal Affairs</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Austin, Nicole, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 20 / 2021</b></p> <p><b>Transaction ID : SA11AI.6480</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p>192.31</p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p>2692.28</p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) Senior Vice President, Federal Affairs</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>576.93</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

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

 Use separate schedule(s)  
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Austin, Nicole, , ,</b>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 07 / 30 / 2021</div> </div> <b>Transaction ID : SA11AI.6488</b>		
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">192.31</div>		
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2884.59</div>		
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) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2884.59</div>		

  

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Burke, Dennis, C., ,</b>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 07 / 02 / 2021</div> </div> <b>Transaction ID : SA11AI.6465</b>		
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>		
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 ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>		

  

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Burke, Dennis, C., ,</b>			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 07 / 08 / 2021</div> </div> <b>Transaction ID : SA11AI.6473</b>		
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>		
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">260.00</div>		
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 ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">260.00</div>		

  

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div style="border: 1px solid black; padding: 2px; text-align: right;">232.31</div>
<b>TOTAL</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; text-align: right;">232.31</div>

# 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  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)

<b>A. Burke, Dennis, C., ,</b> 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 State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2021 <b>Transaction ID : SA11AI.6481</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item
<b>B. Burke, Dennis, C., ,</b> 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 State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2021 <b>Transaction ID : SA11AI.6489</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item
<b>C. Carroll, Barbara, W., Ms,</b> 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) Director of Membership & Communicati Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 02 / 2021 <b>Transaction ID : SA11AI.6466</b> Amount of Each Receipt this Period 20.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			60.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 16

(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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carroll, Barbara, W., Ms,

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)

Director of Membership &amp; Communicat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2021

Transaction ID : SA11AI.6474

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carroll, Barbara, W., Ms,

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)

Director of Membership &amp; Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2021

Transaction ID : SA11AI.6482

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carroll, Barbara, W., Ms,

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)

Director of Membership &amp; Communicati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

60.00

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:  
(check only one)

PAGE 10 OF 16

☒ 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cohen, Marsha, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2021

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohen, Marsha, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2021

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cohen, Marsha, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2021

Transaction ID : SA11AI.6483

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

# **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 11 OF 16

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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. Cohen, Marsha, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2021

Transaction ID : SA11AI.6491

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Paul, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2021

Transaction ID : SA11AI.6468

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Martin, Paul, , ,**

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:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2021

Transaction ID : SA11AI.6476

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 16

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Martin, Paul, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2021 <b>Transaction ID : SA11AI.6484</b>	
Mailing Address 1445 New York Ave NW, 7th Floor			Amount of Each Receipt this Period 20.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 280.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Martin, Paul, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2021 <b>Transaction ID : SA11AI.6492</b>	
Mailing Address 1445 New York Ave NW, 7th Floor			Amount of Each Receipt this Period 20.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 300.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Morell, Karalee, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2021 <b>Transaction ID : SA11AI.6469</b>	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 100.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 1200.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			140.00	
<b>TOTAL</b> 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 13 OF 16

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Morell, Karalee, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2021 <b>Transaction ID : SA11AI.6477</b>	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 100.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 1300.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Morell, Karalee, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2021 <b>Transaction ID : SA11AI.6485</b>	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 100.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 1400.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Morell, Karalee, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 07 / 30 / 2021 <b>Transaction ID : SA11AI.6493</b>	
Mailing Address 1445 New York Avenue NW 7th Floor			Amount of Each Receipt this Period 100.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
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 ▼ 1500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....▶			300.00	
<b>TOTAL</b> 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 14 OF 16

(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)

<b>A. Nutter, Franklin, , ,</b> 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 ▼ 1846.10			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 02 / 2021 <b>Transaction ID : SA11AI.6470</b> Amount of Each Receipt this Period 153.85 <input type="checkbox"/> Memo Item
<b>B. Nutter, Franklin, , ,</b> 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 ▼ 1999.95			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 08 / 2021 <b>Transaction ID : SA11AI.6478</b> Amount of Each Receipt this Period 153.85 <input type="checkbox"/> Memo Item
<b>C. Nutter, Franklin, , ,</b> 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 ▼ 2153.80			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2021 <b>Transaction ID : SA11AI.6486</b> Amount of Each Receipt this Period 153.85 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			461.55
<b>TOTAL</b> 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 15 OF 16

(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)**

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Nutter, Franklin, , ,</b></p>			<p>Date of Receipt</p> <p><b>07 / 30 / 2021</b></p> <p><b>Transaction ID : SA11AI.6494</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p><b>153.85</b></p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p><b>2307.65</b></p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) President</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Sieverling, Joseph, B., Mr.,</b></p>			<p>Date of Receipt</p> <p><b>07 / 02 / 2021</b></p> <p><b>Transaction ID : SA11AI.6471</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p><b>50.00</b></p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p><b>600.00</b></p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) VP &amp; Director of Financial Services</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Sieverling, Joseph, B., Mr.,</b></p>			<p>Date of Receipt</p> <p><b>07 / 08 / 2021</b></p> <p><b>Transaction ID : SA11AI.6479</b></p>		
<p>Mailing Address 1445 New York Avenue NW 7th Floor</p>			<p>Amount of Each Receipt this Period</p> <p><b>50.00</b></p>		
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20005</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><b>C</b></p>			<p>Aggregate Year-to-Date ▼</p> <p><b>650.00</b></p>		
<p>Name of Employer (for Individual) Reinsurance Assn of America</p>			<p>Occupation (for Individual) VP &amp; Director of Financial Services</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)         </p>					
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p><b>253.85</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only).....</p>					

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)**

<b>A. Sieverling, Joseph, B., Mr.,</b> 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 ▼ 700.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2021 <b>Transaction ID : SA11AI.6487</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
<b>B. Sieverling, Joseph, B., Mr.,</b> 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 ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2021 <b>Transaction ID : SA11AI.6495</b> Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
<b>C.</b> 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 Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional).....			100.00
<b>TOTAL</b> This Period (last page this line number only).....			2304.64