

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 4  
12/05/2000 14 : 61

<b>1. NAME OF COMMITTEE (in full)</b> <b>REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)</b>		<b>2. FEC IDENTIFICATION NUMBER</b> C00256453
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1301 PENNSYLVANIA AVENUE NW SUITE 900		
<b>CITY, STATE, and ZIP CODE</b> WASHINGTON DC 20004		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding Primary election on 11/07/2000 in the State of DC  
(election type)
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/2000</u> through <u>10/18/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		5543.71
(b) Cash on Hand at Beginning of Reporting Period .....	10169.71	
(c) Total Receipts (from line 19) .....	1461.70	19537.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11631.41	29081.41
7. Total Disbursements (from line 30) .....	3000.00	20450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8631.41	8631.41
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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 <b>Electronically Filed by Ms Mary Zetwick</b>	
Signature of Treasurer	Date 12/04/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3X**  
(revised 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)</b>		REPORT COVERING PERIOD FROM 10/01/2000 TO: 10/18/2000	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	1447.70	14654.70	11.a.i.
ii. Unitemized .....	14.00	4843.00	11.a.ii.
iii. Total .....	1461.70	19537.70	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	1461.70	19537.70	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00	12.
13. All Loans Received .....	0.00	0.00	13.
14. Loan Repayments Received .....	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	1461.70	19537.70	19.
20. Total Federal Receipts .....	1461.70	19537.70	20.
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0.00	0.00	21.a.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	0.00	0.00	21.b.
c. Total Operating Expenditures .....	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3000.00	20250.00	23.
24. Independent Expenditures (use Schedule E) .....	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made .....	0.00	0.00	26.
27. Loans Made .....	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0.00	0.00	28.a.
b. Political Party Committees .....	0.00	0.00	28.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	28.c.
d. Total Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	200.00	29.
30. Total Disbursements .....	3000.00	20450.00	30.
31. Total Federal Disbursements .....	3000.00	20450.00	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	1461.70	19537.70	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	1461.70	19537.70	34.
35. Total Federal Operating Expenditures .....	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	0.00	0.00	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 4</b>
			FOR LINE NUMBER <b>11A1</b>

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)**

<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Debra Hall  1301 Pennsylvania Avenue, NW Suite 900 Washington DC 20004	<b>Name of Employer</b> Reinsurance Association of America	<b>Date (month, day, year)</b> 10/01/2000	<b>Amount of Each Receipt this Period</b> 30.00
	<b>Occupation</b> Sr. V.P. and General Counsel		
	<b>Aggregate Year-to-Date</b> > \$ 330.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Brady Kading  1301 Pennsylvania Avenue, NW Suite 900 Washington DC 20004	<b>Name of Employer</b> Reinsurance Association of America	<b>Date (month, day, year)</b> 10/01/2000	<b>Amount of Each Receipt this Period</b> 50.00
	<b>Occupation</b> Sr. V.P. & Director of State Relations		
	<b>Aggregate Year-to-Date</b> > \$ 550.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Sandra LaFevre  1301 Pennsylvania Avenue, N.W. Suite 900 Washington DC 20004	<b>Name of Employer</b> Reinsurance Association of America	<b>Date (month, day, year)</b> 10/01/2000	<b>Amount of Each Receipt this Period</b> 20.00
	<b>Occupation</b> V.P. and Assistant Secretary		
	<b>Aggregate Year-to-Date</b> > \$ 220.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Franklin Nutter  1301 Pennsylvania Avenue, NW Suite 900 Washington DC 20004	<b>Name of Employer</b> Reinsurance Association of America	<b>Date (month, day, year)</b> 10/01/2000	<b>Amount of Each Receipt this Period</b> 307.70
	<b>Occupation</b> President		
	<b>Aggregate Year-to-Date</b> > \$ 3484.70		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Ms Mary Zetrick  1301 Pennsylvania Avenue N.W. Suite 900 Washington DC 20004	<b>Name of Employer</b> Reinsurance Association of America	<b>Date (month, day, year)</b> 10/01/2000	<b>Amount of Each Receipt this Period</b> 40.00
	<b>Occupation</b> Director, Federal Affairs		
	<b>Aggregate Year-to-Date</b> > \$ 280.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. John W. Smithson  22 Old Cabin Road  Newtown PA 18940	<b>Name of Employer</b> PMA Reinsurance Corporation	<b>Date (month, day, year)</b> 10/17/2000	<b>Amount of Each Receipt this Period</b> 1000.00
	<b>Occupation</b> CEO		
	<b>Aggregate Year-to-Date</b> > \$ 1000.00		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1447.70</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		4 / 4
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 23	
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>REINSURANCE ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE INC (REPAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> BILL MCCOLLUM FOR US SENATE  POST OFFICE BOX 532015  ORLANDO FL 32853	<b>Purpose of Disbursement</b>  (Senate - FL - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/2000	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> New York Senate Republican Campaign P O BOX 7229  Albany NY 12224	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> PAT TOOMEY FOR CONGRESS COMMITTEE PO BOX 90158  ALLENTOWN PA 18109	<b>Purpose of Disbursement</b>  (House - PA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> ZIMMER 2000 INC  PO BOX 6888  LAWRENCEVILLE NJ 08648	<b>Purpose of Disbursement</b>  (House - NJ - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/05/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> KOLBE 2000  POST OFFICE BOX 31568  TUCSON AZ 85751	<b>Purpose of Disbursement</b>  (House - AZ - 05) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....			<b>3000.00</b>	