

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 2 36 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Reinsurance Association of America Political
Action Committee, Inc. (RePAC, Inc.)

ADDRESS (number and street) Check if different than previously reported
1301 Pennsylvania Avenue, N.W., Suite 900
CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00256453

3. This committee has qualified as a multicandidate 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 |

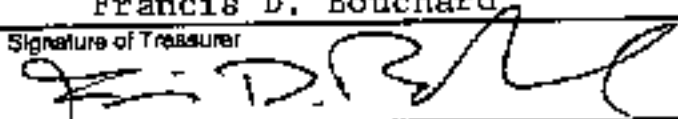
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period 1/1/97 through 6/30/97		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 97		\$ 1,050.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 1,050.00	
(c)	Total Receipts (from Line 19)	\$ 3,853.97	\$ 3,853.97
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,903.97	\$ 4,903.97
7.	Total Disbursements (from Line 30)	\$ 2,750.00	\$ 2,750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,153.97	\$ 2,153.97
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	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)	\$	

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
Francis D. Bouchard

Signature of Treasurer  Date
7/30/97

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE Reinsurance Assn. of America
 (RePAC, Inc.) Political Action Committee, Inc.

REPORT COVERING PERIOD

FROM

TO:

COLUMN A
Total This Period

COLUMN B
Calendar Year

I Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	3,528.97	3,528.97	11b) 0
i.	Memorized (use Schedule A)	325.00	325.00	11c) 0
ii.	Unmemorized	0	0	11d) 0
iii.	Total (add i and ii) >	0	0	11e) 0
b.	Political Party Committees	0	0	11f) 0
c.	Other Political Committees (such as PACs)	0	0	11g) 0
d.	Total Contributions (add a ii, b and c) >	3,853.97	3,853.97	11h) 0
12.	Transfers From Affiliated/Other Party Committees			12) 0
13.	All Loans Received			13) 0
14.	Loan Repayments Received			14) 0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15) 0
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16) 0
17.	Other Federal Receipts (Dividends, Interest, etc.)			17) 0
18.	Transfers from Nonfederal Account for Joint Activity			18) 0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,853.97	3,853.97	19) 0
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,853.97	3,853.97	20) 0

II Disbursements

21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21a) 0
i.	Federal Share			21b) 0
ii.	Non-Federal Share			21c) 0
b.	Other Federal Operating Expenditures			21d) 0
c.	Total Operating Expenditures (add a i, a ii, and b) >			21e) 0
22.	Transfers to Affiliated/Other Party Committees			22) 0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,750.00	2,750.00	23) 0
24.	Independent Expenditures (use Schedule E)			24) 0
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25) 0
26.	Loan Repayments Made			26) 0
27.	Loans Made			27) 0
28.	Refunds of Contributions To:			28a) 0
a.	Individual/Persons Other Than Political Committees			28b) 0
b.	Political Party Committees			28c) 0
c.	Other Political Committees (such as PACs)			28d) 0
d.	Total Contribution Refunds (add a, b and c) >			28e) 0
29.	Other Disbursements			29) 0
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,750.00	2,750.00	30) 0
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,750.00	2,750.00	31) 0

III Net Contributions/Operating Expenditures

32.	Total Contributions (other than loans) (from line 11d)	3,853.97	3,853.97	32) 0
33.	Total Contribution Refunds (from line 28d)	0	0	33) 0
34.	Net Contributions (other than loans) (subtract line 33 from 32)	3,853.97	3,853.97	34) 0
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35) 0
36.	Offsets to Operating Expenditures (from line 15)			36) 0
37.	Net Operating Expenditures (subtract line 36 from 35) >			37) 0

SCHEDULE A

ITEMIZED RECEIPTS

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, Inc.)

A. Full Name, Mailing Address and ZIP Code Debra J. Hall 52 Wolfe Street Alexandria, VA 22314	Name of Employer Reinsurance Association of America	Date (month, day, year) every two weeks	Amount of Each Receipt this Period \$15. period/ \$195 total
	Occupation Vice President	Aggregate Year-to-Date > \$ 195.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

B. Full Name, Mailing Address and ZIP Code Brad Kading 522 9th Street, SE Washington, DC 20003	Name of Employer Reinsurance Association of America	Date (month, day, year) every two weeks	Amount of Each Receipt this Period \$25 period/ \$325 total
	Occupation Vice President	Aggregate Year-to-Date > \$ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

C. Full Name, Mailing Address and ZIP Code Sandra LaFevre 4321 Embassy Park Drive Washington, DC 20016	Name of Employer Reinsurance Association of America	Date (month, day, year) every two weeks	Amount of Each Receipt this Period \$20 period/ \$260 total
	Occupation Vice President	Aggregate Year-to-Date > \$ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

D. Full Name, Mailing Address and ZIP Code Franklin Nutter 8458 Portland Place McLean, VA 22102	Name of Employer Reinsurance Association of America	Date (month, day, year) every two weeks	Amount of Each Receipt this Period \$38.71 period (1/1/97-5/2/97) \$100 period/ (5/16/97-6/27/97) \$748.93 total
	Occupation President	Aggregate Year-to-Date > \$ 748.93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

E. Full Name, Mailing Address and ZIP Code James Shanberger 217 6th Street, SE Washington, DC 20003	Name of Employer Reinsurance Association of America	Date (month, day, year) every two weeks	Amount of Each Receipt this Period \$23.08 per./ \$300.04 total
	Occupation Senior Vice Pres.	Aggregate Year-to-Date > \$ 300.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

F. Full Name, Mailing Address and ZIP Code William Munson 762 Albemarle Street Wyckoff, NJ 07481	Name of Employer Mercantile & General Insurance Company of America	Date (month, day, year) 6/30/97	Amount of Each Receipt this Period \$1,000
	Occupation Chief Exec. Officer	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

G. Full Name, Mailing Address and ZIP Code Jerome Karter 136 East 64th Street New York, NY 07045	Name of Employer SCOR Reinsurance	Date (month, day, year) 5/9/97	Amount of Each Receipt this Period \$500
	Occupation Chief Exec. Officer	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

SUBTOTAL of Receipts This Page (optional)	\$3,328.97
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11, B, 1.

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, Inc.)

A. Full Name, Mailing Address and ZIP Code Jeffrey Cropsey 177 Adams Lane New Canaan, CT 06840	Name of Employer SCOR Reinsurance Occupation Senior Vice Pres.	Date (month, day, year) 4/15/97	Amount of Each Receipt this Period \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$200.00

TOTAL This Period (last page this line number only) \$3,528.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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.

NAME OF COMMITTEE (in Full)
Reinsurance Association of America Political Action Committee, Inc.
(RePAC, Inc.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution to candidate Chris John (LA-7)	Date (month, day, year)	Amount of Each Disbursement This Period
Chris John for Congress Cmte. PO Box 971 Crowley, LA 70527	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/97	\$250
B. Full Name, Mailing Address and ZIP Code Blue Dog PAC 44 Canal Center Plaza Alexandria, VA 22314	Purpose of Disbursement Contribution to other PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PAC	6/25/97	\$500
C. Full Name, Mailing Address and ZIP Code Mike Pappas for Congress 1212 N. Vernon Street Arlington, VA 22201	Purpose of Disbursement Contribution to House candidate Mike Pappas (NJ-12) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/97	\$500
D. Full Name, Mailing Address and ZIP Code Lazio for Congress 3 E. Main Street Bay Shore, NY 11706	Purpose of Disbursement CONTRIB. to House candidate Rick Lazio (NY-2) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/97	\$500
E. Full Name, Mailing Address and ZIP Code Friends of Sen. D'Amato Washington, DC	Purpose of Disbursement Contrib. to Senate candidate Alfonse D'Amato (NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	\$1,000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$2,750.00

