

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
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066
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 08 01 2009 through 08 31 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 Mr. Donald L. Walker
Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 09 15 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

Write or Type Committee Name
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		58032.39
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	52277.97									
(c) Total Receipts (from Line 19)	7254.62	237801.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59532.59	295833.82								
7. Total Disbursements (from Line 31)	200.00	236501.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59332.59	59332.59								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
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)	4718.36	57178.90
(ii) Unitemized	2536.26	27622.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7254.62	84801.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	153000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7254.62	237801.43
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))	7254.62	237801.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7254.62	237801.43

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	232801.23
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.....	200.00	3700.00
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))..	200.00	236501.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200.00	236501.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

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)	7254.62	237801.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7254.62	237801.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City State Zip Code
Orlando FL 32819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hannover Life Reassurance SVP & Chief Actuary
Company of A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: 31379529

Amount of Each Receipt this Period
20.00

8-14-09 Hannover Life Pay-roll

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City State Zip Code
Orlando FL 32819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hannover Life Reassurance SVP & Chief Actuary
Company of A

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 31383848

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Council of Life Senior Counsel
Insurers

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 768.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR1120489717590

Amount of Each Receipt this Period
96.00

P/R Deduction (\$48.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **136.00**

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 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2009

Transaction ID: PR1156427117590

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer VantisLife Insurance Company Occupation Senior Vice President, Sales & Marketi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 31 / 2009

Transaction ID: PR1503559917590

Amount of Each Receipt this Period 24.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

FEC ID number of contributing federal political committee. **C**

Name of Employer VantisLife Insurance Company Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt 08 / 31 / 2009

Transaction ID: PR1503560117590

Amount of Each Receipt this Period 62.00

P/R Deduction (\$31.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 186.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2791.68

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR1550105917590

Amount of Each Receipt this Period
348.96

P/R Deduction (\$174.48 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR1554864817590

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Gail Steinberg

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR1565786717590

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **488.96**

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 9 / 20
	<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	

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)
American Council of Life Insurers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Ms. Shannon N. Salinas	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1647849717590
	City State Zip Code Washington DC 20001-2140	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Counsel, Taxes & Retirement Security Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771358217590
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 291.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$145.83 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Executive Vice Pres & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2333.28	

C.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771362417590
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 101.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.83 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Vice President, Conference Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 813.29	

SUBTOTAL of Receipts This Page (optional)	433.32
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 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Michael J. Bartholomew

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771362817590

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771365417590

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation VP, Legislative & Regulatory Informati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 436.80

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771369017590

Amount of Each Receipt this Period 54.60

P/R Deduction (\$27.30 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 214.60

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 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2091.67

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771373217590

Amount of Each Receipt this Period 261.46

P/R Deduction (\$130.73 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 391.68

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771373517590

Amount of Each Receipt this Period 48.96

P/R Deduction (\$24.48 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1058.71

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771374017590

Amount of Each Receipt this Period 132.34

P/R Deduction (\$66.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **442.76**

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 12 / 20
	<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	

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)
American Council of Life Insurers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. James D. Hall	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771374317590
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771376017590
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771376817590
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 47.30
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.65 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.40	

SUBTOTAL of Receipts This Page (optional)	137.30
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 13 / 20
(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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771377117590
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Se-mi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Executive Vice President, Federal Rela

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3796.93

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771395117590
 Amount of Each Receipt this Period 515.62
 P/R Deduction (\$257.81 Se-mi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1258.52

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771419317590
 Amount of Each Receipt this Period 177.26
 P/R Deduction (\$88.63 Sem-i-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 892.88

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 14 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Frank Keating

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771419717590

Amount of Each Receipt this Period 416.66

P/R Deduction (\$208.33 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Brenda Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771419917590

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Nancy Smith

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2009

Transaction ID: PR771420017590

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **546.66**

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 15 / 20

(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

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Senior Counsel & Director, Southern Re

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR771421017590

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Michael Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation Assoc. General Counsel

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR771421117590

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers
Occupation PAC Director

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 519.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: PR771422917590

Amount of Each Receipt this Period

64.88

P/R Deduction (\$32.44 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

204.88

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 16 / 20
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Lisa Tate

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Associate General Counsel, Litigation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771423217590

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Legislative Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 974.07

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771428717590

Amount of Each Receipt this Period 121.76

P/R Deduction (\$60.88 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Vice President, Federal Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1048.34

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771428817590

Amount of Each Receipt this Period 131.04

P/R Deduction (\$65.52 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 332.80

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 17 / 20
(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
							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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Sr. Vice President and Corp Sec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1593.29

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771428917590

Amount of Each Receipt this Period 222.42

P/R Deduction (\$111.21 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 466.71

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771444317590

Amount of Each Receipt this Period 58.34

P/R Deduction (\$29.17 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
T. Scott Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2009
Transaction ID: PR771444917590

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **320.76**

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 18 / 20
	<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	

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)
American Council of Life Insurers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue NW Suite 700	Transaction ID: PR771445817590
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 31.26
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.63 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Director, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.07	

B.	Full Name (Last, First, Middle Initial) Mrs. Courtney English	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue NW Suite 700	Transaction ID: PR771449417590
	City State Zip Code Washington DC 20001-2140	Amount of Each Receipt this Period 36.26
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.13 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Director, Grassroots Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.07	

C.	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio	Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue NW Suite 700	Transaction ID: PR771449617590
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	117.52
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 19 / 20
(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

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)
American Council of Life Insurers Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. John K. Bruins		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771450117590
	City Washington	State DC	Zip Code 20001-2133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.50
	Name of Employer American Council of Life Insurers	Occupation Senior Actuary	P/R Deduction (\$14.25 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

B.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR805149117590
	City Washington	State DC	Zip Code 20001-2133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 185.42
	Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$92.71 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1353.57		

C.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt MM / DD / YYYY 08 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: PR904819517590
	City Washington	State DC	Zip Code 20001-2133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	263.92
TOTAL This Period (last page this line number only)	4718.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Hoeven Committee

Mailing Address P.O. Box 952

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
John Hoeven, GOVERNOR ND

Candidate Name
Mr. John Hoeven

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 30994078

Date of Disbursement

08 / 06 / 2009

Amount of Each Disbursement this Period

200.00

John Hoeven, GOVERNOR ND

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00