

# 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 (12S)  
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 11 23 2010 through 12 31 2010

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 01 12 2011

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 |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 73931.75 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 46467.17                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 15970.93                | 328656.85                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 62438.10                | 402588.60                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 3000.00                 | 343150.50                         |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 59438.10                | 59438.10                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 12660.82                      | 113597.36                         |
| (ii) Unitemized .....  | 810.11                        | 34459.49                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 13470.93                      | 148056.85                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 2500.00                       | 179000.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 15970.93                      | 327056.85                         |
| 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                          | 1600.00                           |
| 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)) .....                          | 15970.93                      | 328656.85                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 15970.93                      | 328656.85                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....         | 3000.00                               | 316350.50                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 26800.00                                  |
| 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))..       | 3000.00                               | 343150.50                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3000.00                               | 343150.50                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 15970.93                      | 327056.85                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 15970.93                      | 327056.85                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 / 29  
(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. Brian Ellard

Mailing Address 4949 Keller Springs Road

City Addison State TX Zip Code 75001-5910

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

Name of Employer National Teacher Associates Life Insur Occupation Marketing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 37767128

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Betty Jo Ellard

Mailing Address 5641 Bent Tree Drive

City Dallas State TX Zip Code 75248-2011

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

Name of Employer National Teacher Associates Life Insur Occupation Member, Board of Directors

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 37767312

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Raymond J. Martin, Jr.

Mailing Address 4707 Myerwood Lane

City Dallas State TX Zip Code 75244-7728

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

Name of Employer National Teacher Associates Life Insur Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 37767471

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 7 / 29 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe C. Ellard        | Date of Receipt<br>MM / DD / YYYY<br>11 / 23 / 2010 |
|   | Mailing Address 4949 Keller Springs Road                            | <b>Transaction ID:</b> 37767472                     |
|   | City Addison State TX Zip Code 75001-5910                           | Amount of Each Receipt this Period<br>400.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>National Teacher Associates Life Insur  | Occupation  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James T. Langham, Jr. | Date of Receipt<br>MM / DD / YYYY<br>11 / 23 / 2010 |
|   | Mailing Address P.O. Box 802063                                      | <b>Transaction ID:</b> 37767548                     |
|   | City Dallas State TX Zip Code 75380-2063                             | Amount of Each Receipt this Period<br>400.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |   |
| Name of Employer<br>National Teacher Associates Life Insur  | Occupation<br>Vice President & Treasurer                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Susanne L. Downey    | Date of Receipt<br>MM / DD / YYYY<br>12 / 06 / 2010 |
|   | Mailing Address 3465 Deer Oak Circle                                | <b>Transaction ID:</b> 37910674                     |
|   | City Oviedo State FL Zip Code 32766-8111                            | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Hannover Life Reassurance Company of A  | Occupation<br>Vice President  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1050.00 |
| <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 8 / 29  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Maria C. Lauterette

Mailing Address 249 Summerwood Trail

City Maitland State FL Zip Code 32751-3431

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

Name of Employer: Hannover Life Reassurance Company of A  
Occupation: Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 16 / 2010  
**Transaction ID:** 38060017  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis J. Manning

Mailing Address 631 Long Ridge Road Unit 22

City Stamford State CT Zip Code 06902-1258

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

Name of Employer: Guardian Life Insurance Company of Ame  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 23 / 2010  
**Transaction ID:** 38085376  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Meister

Mailing Address 842 Kirkland Ave

City Kirkland State WA Zip Code 98033-6318

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

Name of Employer: Symetra Financial Corporation  
Occupation: Exec. Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 30 / 2010  
**Transaction ID:** 38085472  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 29                  |                              |                             |
|   | <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 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Peter R. Schaefer   | Date of Receipt<br>MM / DD / YYYY<br>12 / 30 / 2010 |
|           | Mailing Address 800 North Magnolia Ave.<br>Suite 1400  | <b>Transaction ID:</b> 38217625                     |
|           | City Orlando State FL Zip Code 32803-3280  | Amount of Each Receipt this Period<br>600.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Hannover Life Reassurance Company of A<br>Occupation President & Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Ross L. Sargent   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 101 Constitution Ave, NW<br>Suite 700  | <b>Transaction ID:</b> PR1120489721070              |
|           | City Washington State DC Zip Code 20001-2133   | Amount of Each Receipt this Period<br>148.50        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer American Council of Life Insurers<br>Occupation Senior Counsel, State Relations<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1188.00 | P/R Deduction (\$49.50 Semi-Monthly)                |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Donald L. Walker  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 101 Constitution Ave, NW<br>Suite 700  | <b>Transaction ID:</b> PR1156427121070              |
|           | City Washington State DC Zip Code 20001-2133   | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer American Council of Life Insurers<br>Occupation SVP, Administration & CFO<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1200.00 | P/R Deduction (\$50.00 Semi-Monthly)                |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>898.50</b> |
| <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 10 / 29

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John J Patterson        |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |   |  |
|   | Mailing Address 10075 Red Run Blvd                                     |   | <b>Transaction ID:</b> PR1231727521070              |   |  |
|   | City<br>Owings Mills   | State<br>MD                                     | Zip Code<br>21117-4865                              | Amount of Each Receipt this Period<br>31.74 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   | P/R Deduction (\$11.00 Bi-Weekly)                   |   |  |
| Name of Employer<br>Baltimore Life Insurance Company  |  | Occupation<br>Senior Vice President, Operations |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>275.08              |   |   |  |

|   |  |                                    |   |   |  |
|---|--|------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. W. Bryant Sadler        |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |   |  |
|   | Mailing Address 101 Constitution Ave, NW Suite 700                     |                                    | <b>Transaction ID:</b> PR1415470221070              |   |  |
|   | City<br>Washington   | State<br>DC                        | Zip Code<br>20001-2140                              | Amount of Each Receipt this Period<br>30.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | P/R Deduction (\$10.00 Semi-Monthly)                |   |  |
| Name of Employer<br>American Council of Life Insurers   |  | Occupation<br>Staff Accountant     |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>240.00 |   |   |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jean-Francois Poulin    |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |  |  |
|   | Mailing Address 527 Bookbinder Way                                     |                                    | <b>Transaction ID:</b> PR1415829621070              |  |  |
|   | City<br>Lansdale   | State<br>PA                        | Zip Code<br>19446-4056                              | Amount of Each Receipt this Period<br>150.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | P/R Deduction (\$50.00 Bi-Weekly)                   |  |  |
| Name of Employer<br>London Life Reinsurance Company   |  | Occupation<br>President            |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>350.00 |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>211.74</b> |
| <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 11 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mandana Parsazad  
Mailing Address 1914 Horse Shoe Drive  
City Vienna State VA Zip Code 22182-3755  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1481799821070  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 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 Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1503559921070  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 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 Vantis Life Insurance Company Occupation President & Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 789.72  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1503560121070  
Amount of Each Receipt this Period 80.79  
P/R Deduction (\$26.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 155.79  
**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 12 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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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 Washington State DC Zip Code 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 ▼ 4312.56

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1550105921070  
 Amount of Each Receipt this Period 539.07  
 P/R Deduction (\$179.69 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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 ▼ 840.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1554864821070  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Legislative Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1565786721070  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 659.07

**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 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Counsel, Taxes & Retirement Security

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1647849721070  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1423.36

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1728112721070  
Amount of Each Receipt this Period 221.88  
P/R Deduction (\$73.96 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edmund V. Mahoney

Mailing Address 20 Northgate

City Simsbury State CT Zip Code 06070-1021

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

Name of Employer Vantis Life Insurance Company Occupation Vice President, Investments

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1729084721070  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 311.88

**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 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Carolyn C. Cobb

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 & Associate General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1093.80

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1821819621070

Amount of Each Receipt this Period 273.45

P/R Deduction (\$91.15 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary E. Hughes

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 & General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3605.03

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771358221070

Amount of Each Receipt this Period 450.63

P/R Deduction (\$150.21 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Carl B. Wilkerson

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 & Chief Counsel, Securities & Litig

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771358321070

Amount of Each Receipt this Period 25.50

P/R Deduction (\$8.50 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **749.58**

**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 / 29  
(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 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Linda H. Cunningham

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, Conference Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.96

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771362421070  
Amount of Each Receipt this Period 156.87  
P/R Deduction (\$52.29 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Roberta B. Meyer

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 & Associate General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771362721070  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Semi-Monthly)

**C.**

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 ▼ 720.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771365421070  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$30.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 276.87

**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 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

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 Vice Pres., Legislative & Regulatory I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771369021070

Amount of Each Receipt this Period 85.50

P/R Deduction (\$28.50 Semi-Monthly)

**B.**

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 ▼ 3296.36

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771373221070

Amount of Each Receipt this Period 417.96

P/R Deduction (\$139.32 Semi-Monthly)

**C.**

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 ▼ 664.48

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771373521070

Amount of Each Receipt this Period 83.58

P/R Deduction (\$27.86 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **587.04**

**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 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

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 Vice President & Associate General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771374021070  
Amount of Each Receipt this Period 225.00  
P/R Deduction (\$75.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James D. Hall

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 Regional Vice President, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771374321070  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David R. Wentworth

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, Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771376021070  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$30.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 360.00

**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 18 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. C. Bryan Cox

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 Regional Vice President, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.07

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771376821070

Amount of Each Receipt this Period 74.01

P/R Deduction (\$24.67 Semi-Monthly)

**B.**

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 ▼ 2400.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771377121070

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Kimberly O. 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 Senior Executive Vice President, Publi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR771395121070

Amount of Each Receipt this Period 624.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 999.00

**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 19 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Olivia Gillis

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. Director, Legislative & Regulat

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

**Transaction ID:** PR771408121070

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria Liwanag Palacios

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 Managing Director, Human Resources

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.89

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

**Transaction ID:** PR771408821070

Amount of Each Receipt this Period 27.36

P/R Deduction (\$9.12 Semi-Monthly)

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

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 Vice President, Federal Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.12

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

**Transaction ID:** PR771419321070

Amount of Each Receipt this Period 273.39

P/R Deduction (\$91.13 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 330.75

**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 20 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank A. 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 ▼ 4999.92

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771419721070  
Amount of Each Receipt this Period 624.99  
P/R Deduction (\$208.33 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Brenda S. 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 Regional Vice President, State Relatio

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771419921070  
Amount of Each Receipt this Period 225.00  
P/R Deduction (\$75.00 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 ▼ 360.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771420021070  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **894.99**

**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 21 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
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 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 ▼ 1200.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR771421021070

Amount of Each Receipt this Period 150.00

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 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 & Associate General Cou

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR771421121070

Amount of Each Receipt this Period 60.00

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 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 PAC Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 808.56

Date of Receipt 12 / 31 / 2010

Transaction ID: PR771422921070

Amount of Each Receipt this Period 101.07

P/R Deduction (\$33.69 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 311.07

**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 22 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey J. Janoska

Mailing Address 101 Constitution Avenue, 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 Senior Policy Analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.97

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR771423121070

Amount of Each Receipt this Period  
28.62

P/R Deduction (\$9.54 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, 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 VP, Litigation & Assoc. Gen. Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR771423221070

Amount of Each Receipt this Period  
120.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nina Aponte

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 Senior Staff Accountant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** PR771425321070

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.62**

**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 23 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

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

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 Regional Vice President, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1519.93

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

**Transaction ID:** PR771428721070

Amount of Each Receipt this Period  
189.99

P/R Deduction (\$63.33 Semi-Monthly)

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

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 Senior Vice President, Federal Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1620.00

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

**Transaction ID:** PR771428821070

Amount of Each Receipt this Period  
202.50

P/R Deduction (\$67.50 Semi-Monthly)

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

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 EVP, Chief of Staff & Corp. Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2935.93

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

**Transaction ID:** PR771428921070

Amount of Each Receipt this Period  
366.99

P/R Deduction (\$122.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **759.48**

**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 24 / 29  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Miriam Krol  |  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 101 Constitution Ave, NW<br>Suite 700   |  | <b>Transaction ID:</b> PR771434021070               |
| City Washington   | State DC                                     | Zip Code 20001-2133                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>American Council of Life Insurers   | Occupation<br>Vice President, Long Term Care | P/R Deduction (\$10.00 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00           |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Kynondo Lewis  |                                    | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 101 Constitution Ave, NW<br>Suite 700   |                                    | <b>Transaction ID:</b> PR771439621070               |
| City Washington   | State DC                           | Zip Code 20001-2133                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>30.24         |
| Name of Employer<br>American Council of Life Insurers   | Occupation<br>Legal Editor         | P/R Deduction (\$10.08 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>241.93 |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Alane R. Dent  |   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
| Mailing Address 101 Constitution Ave, NW<br>Suite 700   |   | <b>Transaction ID:</b> PR771444321070               |
| City Washington   | State DC  | Zip Code 20001-2133                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>90.99         |
| Name of Employer<br>American Council of Life Insurers   | Occupation<br>Vice President, Federal Relations | P/R Deduction (\$30.33 Semi-Monthly)                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>727.93              |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>151.23</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 / 29                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. T. Scott Dixon   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 101 Constitution Avenue NW<br>Suite 700 West  | <b>Transaction ID:</b> PR771444921070               |
|           | City Washington State DC Zip Code 20001-2133  | Amount of Each Receipt this Period<br>60.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | P/R Deduction (\$20.00 Semi-Monthly)                |
|           | Name of Employer American Council of Life Insurers<br>Occupation Finance Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date 480.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Andrew Melnyk   | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 101 Constitution Avenue NW<br>Suite 700  | <b>Transaction ID:</b> PR771445821070               |
|           | City Washington State DC Zip Code 20001-2133   | Amount of Each Receipt this Period<br>48.90         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$16.30 Semi-Monthly)                |
|           | Name of Employer American Council of Life Insurers<br>Occupation Managing Director, Research<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date 391.21 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Julie A. Spiezio  | Date of Receipt<br>MM / DD / YYYY<br>12 / 31 / 2010 |
|           | Mailing Address 101 Constitution Avenue NW<br>Suite 700  | <b>Transaction ID:</b> PR771449621070               |
|           | City Washington State DC Zip Code 20001-2133   | Amount of Each Receipt this Period<br>75.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | P/R Deduction (\$25.00 Semi-Monthly)                |
|           | Name of Employer American Council of Life Insurers<br>Occupation Senior Vice President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date 600.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>183.90</b> |
| <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 26 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John K. Bruins

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 Senior Actuary

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 354.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771450121070  
Amount of Each Receipt this Period 44.25  
P/R Deduction (\$14.75 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City Lansdale State PA Zip Code 19446-1671

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

Name of Employer London Life Reinsurance Company Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 539.98

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR798114421070  
Amount of Each Receipt this Period 231.42  
P/R Deduction (\$77.14 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Perkins

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 ▼ 2325.11

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR805149121070  
Amount of Each Receipt this Period 290.64  
P/R Deduction (\$96.88 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 566.31

**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 27 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|           |   |             |   |
|-----------|---|-------------|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Wayne Mehlman  |             | Date of Receipt   |
|           | Mailing Address 101 Constitution Avenue, NW<br>Suite 700  |             | <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> |
|           | City<br>Washington  | State<br>DC | Zip Code<br>20001-2133  |
|           | FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |             | <b>Transaction ID:</b> PR904819521070   |
|           | Name of Employer<br>American Council of Life Insurers   |             | Occupation<br>Counsel, Insurance Regulation   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><input type="text" value="600.00"/>   |
|           |   |             | Amount of Each Receipt this Period<br><input type="text" value="75.00"/>  |
|           |   |             | P/R Deduction (\$25.00 Semi-Monthly)  |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="75.00"/>    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="12660.82"/> |

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

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

FOR LINE NUMBER: PAGE 28 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Allianz/Fireman's Fund Insurance Company PAC

Mailing Address 1101 Connecticut Ave, NW #950

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

**Transaction ID:** 37915916

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Swiss Re America Holding Corporation Political Action Committee

Mailing Address 175 King Street

City State Zip Code  
Armonk NY 10504

FEC ID number of contributing federal political committee. **C** C00462564

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 38263011

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ► 2500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Council of Life Insurers Political Action Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bluegrass Committee<br><hr/> Mailing Address 400 North Capitol Street NW<br>Suite 585<br><hr/> City Washington State DC Zip Code 20001<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Bluegrass Committee<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 38040508<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 6 / 2 0 1 0   |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | 011<br>Category/<br>Type   |
|  | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|  | Debt Retirement for 2010<br>General Election   |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Stabenow for US Senate<br><hr/> Mailing Address PO Box 4945<br><hr/> City East Lansing State MI Zip Code 48826<br><hr/> Purpose of Disbursement<br><hr/> Candidate Name<br>Debbie Stabenow<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 38040509<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 6 / 2 0 1 0   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   | Debt Retirement for 2010<br>General Election   |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Stivers for Congress<br><hr/> Mailing Address 4679 Winterset Drive<br><hr/> City Columbus State OH Zip Code 43220<br><hr/> Purpose of Disbursement<br>Debt Retirement for 2010 General Election<br><hr/> Candidate Name<br>Mr. Steve Stivers<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 15 Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>General Debt 2010 | <b>Transaction ID:</b> 38040511<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 2 / 1 6 / 2 0 1 0  |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | 011<br>Category/<br>Type  |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>General Debt 2010 |
|   | Debt Retirement for 2010<br>General Election  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 3000.00 |