

# 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 04 01 2009 through 04 30 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 05 14 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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

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" style="display: inline-table; border-collapse: collapse;"><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 .....	31304.98									
(c) Total Receipts (from Line 19) .....	29518.75	122092.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60823.73	180124.96								
7. Total Disbursements (from Line 31) .....	20500.00	139801.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40323.73	40323.73								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

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	4816.76	24191.08
(i) Itemized (use Schedule A) .....	2201.99	8901.49
(ii) Unitemized .....	7018.75	33092.57
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	22500.00	89000.00
(c) Other Political Committees (such as PACs) .....	29518.75	122092.57
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	29518.75	122092.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29518.75	122092.57

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	18000.00	136301.23
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.....	2500.00	3500.00
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))..	20500.00	139801.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	139801.23

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	29518.75	122092.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29518.75	122092.57
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 / 22  
(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)  
Sun Life Assurance Company of Canada (U.S.) PAC

Mailing Address 124 W. Allegan Street  
Suite 800

City State Zip Code  
Lansing MI 48933

FEC ID number of contributing federal political committee. **C** C00419333

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
0	4	/	0	6	/	2	0	0	9

**Transaction ID:** 29357134

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Penn Mutual PAC

Mailing Address 600 Dresher Road

City State Zip Code  
Horsham PA 19044-2204

FEC ID number of contributing federal political committee. **C** C00142372

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
0	4	/	0	7	/	2	0	0	9

**Transaction ID:** 29473745

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
AEGON USA Inc. Political Action Committee

Mailing Address 1111 North Charles Street

City State Zip Code  
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C** C00236414

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
0	4	/	1	0	/	2	0	0	9

**Transaction ID:** 29479144

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

**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 / 22  
(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)  
Genworth Financial Inc. PAC

Mailing Address 6620 W. Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** 29652143

Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
MetLife, Inc. Employee's Participation Fund A

Mailing Address One MetLife Plaza  
2701 Queens Plaza North, Area 4D

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** 29675345

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

**TOTAL** This Period (last page this line number only) ..... ► 22500.00

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

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

FOR LINE NUMBER: PAGE 8 / 22  
(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. Joann Waiters

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 Counsel

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** 29357151

Amount of Each Receipt this Period  
350.00

**B.** 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 American Council of Life Insurers      Occupation Senior Counsel

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** PR1120489716734

Amount of Each Receipt this Period  
96.00

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

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

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 CFO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** PR1156427116734

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **546.00**

**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 9 / 22
	<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) Mr. Peter L. Tedone	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 32 Lincoln	<b>Transaction ID:</b> PR1503560116734
	City State Zip Code Weatogue CT 06089-9780	Amount of Each Receipt this Period 62.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$31.00 Bi-Weekly)
	Name of Employer: VantisLife Insurance Company Occupation: President & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 248.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW	<b>Transaction ID:</b> PR1550105916734
	City State Zip Code Washington DC 20001-2140	Amount of Each Receipt this Period 348.96
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$174.48 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1395.84	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill, Jr.	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR1554864816734
	City State Zip Code Washington DC 20001-2140	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer: American Council of Life Insurers Occupation: Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.96</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 / 22  
(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. Gary E. Hughes

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

Transaction ID: PR771358216734

City Washington State DC Zip Code 20001-2133

Amount of Each Receipt this Period  
291.66

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

Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.64

P/R Deduction (\$145.83 Semi-Monthly)

**B.**

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

Transaction ID: PR771362416734

City Washington State DC Zip Code 20001-2133

Amount of Each Receipt this Period  
101.66

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 ▼ 406.65

P/R Deduction (\$50.83 Semi-Monthly)

**C.**

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

Transaction ID: PR771362816734

City Washington State DC Zip Code 20001-2133

Amount of Each Receipt this Period  
100.00

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 ▼ 400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **493.32**

**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 11 / 22  
(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)  
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 ▼ 240.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771365416734  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Semi-Monthly)

**B.**

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 ▼ 218.40

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771369016734  
Amount of Each Receipt this Period 54.60  
P/R Deduction (\$27.30 Semi-Monthly)

**C.**

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 ▼ 1045.83

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771373216734  
Amount of Each Receipt this Period 261.46  
P/R Deduction (\$130.73 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **376.06**

**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 / 22  
(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 Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 529.35

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771374016734  
Amount of Each Receipt this Period 132.34  
P/R Deduction (\$66.17 Semi-Monthly)

**B.**

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 ▼ 240.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771376016734  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Semi-Monthly)

**C.**

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 ▼ 800.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771377116734  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 392.34

**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 / 22  
(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. 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 Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.03

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771395116734  
Amount of Each Receipt this Period 468.76  
P/R Deduction (\$234.38 Semi-Monthly)

**B.**

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 ▼ 549.48

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771419316734  
Amount of Each Receipt this Period 177.26  
P/R Deduction (\$88.63 Semi-Monthly)

**C.**

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 ▼ 1666.64

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771419716734  
Amount of Each Receipt this Period 416.66  
P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1062.68**

**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 / 22  
(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)  
Mr. Michael J. Hunter

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 & COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771419816734  
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 ▼ 400.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771419916734  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Semi-Monthly)

**C.** 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 Senior Counsel & Director, Southern Re

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: PR771421016734  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 616.66

**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 / 22  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. 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 ▼ 259.52

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR771422916734

Amount of Each Receipt this Period 64.88

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

**B.**

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 ▼ 320.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR771423216734

Amount of Each Receipt this Period 80.00

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

**C.**

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 ▼ 487.03

Date of Receipt 04 / 30 / 2009

**Transaction ID:** PR771428716734

Amount of Each Receipt this Period 121.76

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **266.64**

**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 16 / 22
	<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) Mr. Juan Carlos Scott	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700 West	<b>Transaction ID:</b> PR771428816734
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 131.04
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$65.52 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Vice President, Federal Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 524.18	

<b>B.</b>	Full Name (Last, First, Middle Initial) David C. Turner	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR771428916734
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 195.84
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$97.92 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Sr. Vice President and Corp Sec. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 783.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alane R. Dent	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR771444316734
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 58.34
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$29.17 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 233.35	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.22</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 17 / 22	
	(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"/> 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. Maurice Perkins		Date of Receipt	
Mailing Address 101 Constitution Ave, NW Suite 700		M M / D D / Y Y Y Y 04 / 30 / 2009	
City Washington	State DC	Zip Code 20001-2133	<b>Transaction ID:</b> PR805149116734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.88	
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 ▼ 611.89		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4816.76</b>

**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

A.	Full Name (Last, First, Middle Initial) Bachus for Congress	Transaction ID: 29669153 Date of Disbursement
	Mailing Address P O Box 59444	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Birmingham State AL Zip Code 35259	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Spencer Bachus	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee	Transaction ID: 29669155 Date of Disbursement
	Mailing Address P.O. Box 15906	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Chevy Chase State MD Zip Code 20825	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Richard Neal	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: 29669226 Date of Disbursement
	Mailing Address 499 South Capitol Street, SW Suite 414	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

A.	Full Name (Last, First, Middle Initial) Brown-Waite for Congress	Transaction ID: 29669227 Date of Disbursement
	Mailing Address 704 Ponce De Leon Blvd	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Brooksville State FL Zip Code 34601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Ginny Brown-Waite	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 29669228 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Daniel Maffei	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rangel for Congress	Transaction ID: 29669231 Date of Disbursement
	Mailing Address PO Box 5577 Manhattanville Station	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Charles Rangel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: 29669232 Date of Disbursement
	Mailing Address P. O. Box 713	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Peter Roskam	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: 29669233 Date of Disbursement
	Mailing Address P.O. Box 637	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Judy Biggert	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 29669235 Date of Disbursement
	Mailing Address PO Box 425	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Thomas Price, M.D.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 21 / 22

<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

A.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress		Transaction ID: 29669535	
	Mailing Address 3161 Dixie Highway Suite F		Date of Disbursement MM / DD / YYYY 04 / 24 / 2009	
	City Erlanger	State KY	Zip Code 41018	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		011 Category/ Type	
	Candidate Name Rep. Geoffrey Davis			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: KY	District: 04		

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

1800.00

# 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)

PAGE 22 / 22

<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

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

A.

Full Name (Last, First, Middle Initial)  
Republican Senate Campaign Committee of Ohio

Transaction ID: 29669230

Date of Disbursement

Mailing Address Attn: Matthew Yuskewich, Treas.  
211 South Fifth Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City State Zip Code  
Columbus OH 43215

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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

2500.00