

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 2011 through 04 30 2011

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 19 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		59453.10
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	11204.03									
(c) Total Receipts (from Line 19)	27860.19	118891.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39064.22	178344.26								
7. Total Disbursements (from Line 31)	31059.00	170339.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8005.22	8005.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**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	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15954.65	29060.14
(ii) Unitemized	6905.54	13331.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22860.19	42391.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	76500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27860.19	118891.16
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))	27860.19	118891.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27860.19	118891.16

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	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1173.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	31059.00	165665.50
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	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))..	31059.00	170339.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31059.00	170339.04

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)	27860.19	118891.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27860.19	118891.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1173.54
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	1173.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(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. Roger N. Levy

Mailing Address 11201 Robert Carter Road

City State Zip Code
Fairfax Station VA 22039-1326

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

Name of Employer Occupation
Genworth Financial Senior Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 1

Transaction ID: 39618101

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stephen M. Batza

Mailing Address 605 Fox Glen Drive

City State Zip Code
Saint Charles IL 60174-8807

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

Name of Employer Occupation
MTL Insurance Company President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 39618168

Amount of Each Receipt this Period
3500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Thomas E. Henning, CLU

Mailing Address 200 Centennial Mall North

City State Zip Code
Lincoln NE 68508-1618

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

Name of Employer Occupation
Assurity Security Group, Inc. President & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 39618193

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

5500.00

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 / 33
(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. William R. Cintani

Mailing Address 9221 Tuscan CT

City Lincoln State NE Zip Code 68520-1470

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

Name of Employer Mapes Industries, Inc. Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2011

Transaction ID: 39618234

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Angie Muhleisen

Mailing Address 6321 Doecreek Cr.

City Lincoln State NE Zip Code 68516-3796

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

Name of Employer Union Bank & Trust Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2011

Transaction ID: 39618235

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul M. Schudel

Mailing Address 6300 Andrew Ct

City Lincoln State NE Zip Code 68512-1905

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

Name of Employer Woods & Aitken Law Firm Occupation Attorney at Law

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2011

Transaction ID: 39618237

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 8 / 33
	<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. Lyn Wallin Ziegenbein	Date of Receipt MM / DD / YYYY 04 / 06 / 2011
	Mailing Address 600 S. 93rd Street	Transaction ID: 39618238
	City State Zip Code Omaha NE 68114-5012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Peter Kiewit Foundation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ms. Joann Waiters	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: 39618240
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American Council of Life Insurers Senior Counsel, State Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kevin J. McKeown	Date of Receipt MM / DD / YYYY 04 / 04 / 2011
	Mailing Address 9 Helen Street	Transaction ID: 39618286
	City State Zip Code Binghamton NY 13905-4119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Security Mutual Life Insurance Company Vice President and Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 9 / 33
(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. James S. Mellema

Mailing Address 712 Valley View Drive

City State Zip Code
Endwell NY 13760-1606

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

Name of Employer Security Mutual Life Insurance Company Occupation Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

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

Transaction ID: 39618290

Amount of Each Receipt this Period
335.00

B.

Full Name (Last, First, Middle Initial)
Mr. G. Edward Hughes

Mailing Address 2720 S. Highland Ave

City State Zip Code
Lombard IL 60148-5302

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

Name of Employer MTL Insurance Company Occupation Senior Vice President, CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 39687913

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Mr John D Rosenkranz

Mailing Address 15424 S Michaele Driev

City State Zip Code
Oak Forrest IL 60452

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

Name of Employer MTL Insurance Company Occupation Chief Financial Officer and Senior Vic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 39688007

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1185.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33
(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. Steve Erwin

Mailing Address 7290 Cole Ct

City Lincoln State NE Zip Code 68506-3183

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

Name of Employer U.S. Bank National Association Occupation President, Nebraska/ Western Iowa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2011

Transaction ID: 39689887

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Marc LeBaron

Mailing Address 6130 The Knolls

City Lincoln State NE Zip Code 68512-1942

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

Name of Employer Lincoln Industries Occupation Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2011

Transaction ID: 39689888

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. James E. McClurg

Mailing Address 2030 Surfside Drive

City Lincoln State NE Zip Code 68528-1752

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

Name of Employer Technical Development Resources Company Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 12 / 2011

Transaction ID: 39689889

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 11 / 33
(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. Todd Reimers

Mailing Address 2233 S. 124th Street

City State Zip Code
Walton NE 68461-9705

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

Name of Employer Assurity Life Insurance Company
Occupation Senior Vice President & Chief Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2011

Transaction ID: 39690037

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mr. Ronald L Harris

Mailing Address 9121 Thornwood CT

City State Zip Code
Lincoln NE 68512-9395

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

Name of Employer Scientific Development Corporation
Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2011

Transaction ID: 39690047

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank Hilsabeck

Mailing Address 6211 Andrew Court

City State Zip Code
Lincoln NE 68512-1904

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

Name of Employer Retired
Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2011

Transaction ID: 39690049

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 12 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Kenneth Shields	Date of Receipt MM / DD / YYYY 04 / 20 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700 West	Transaction ID: 39706562
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Council of Life Insurers Occupation Vice President, Publishing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. James J. Kerwin	Date of Receipt MM / DD / YYYY 04 / 18 / 2011
	Mailing Address One Friends Way	Transaction ID: 39706566
	City Saint James State NY Zip Code 11780-1333	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Security Mutual Life Insurance Company Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Susan L. Keisler-Munro	Date of Receipt MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 6500 Yorktown Court	Transaction ID: 39834973
	City Lincoln State NE Zip Code 68516-5456	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Assurity Life Insurance Company Occupation Senior Vice President and Chief of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
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 13 / 33
	<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. Ross L. Sargent	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1120489721905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 101.54
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.77 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Counsel, State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 406.15	

B.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1156427121905
	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	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation SVP, Administration & CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 32 Lincoln	Transaction ID: PR1503560121905
	City Weatogue State CT Zip Code 06089-9780	Amount of Each Receipt this Period 80.79
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.93 Bi-Weekly)
	Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 242.37	

SUBTOTAL of Receipts This Page (optional)	282.33
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 / 33
(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

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

City 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 ▼ 1477.92

Date of Receipt 04 / 30 / 2011
Transaction ID: PR1550105921905

Amount of Each Receipt this Period 369.48

P/R Deduction (\$184.74 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 ▼ 609.19

Date of Receipt 04 / 30 / 2011
Transaction ID: PR1728112721905

Amount of Each Receipt this Period 152.30

P/R Deduction (\$76.15 Semi-Monthly)

C.

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 ▼ 750.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR1821819621905

Amount of Each Receipt this Period 187.50

P/R Deduction (\$93.75 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 709.28

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 15 / 33
	<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) The Honora Dirk A. Kempthorne	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1871324521905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation President and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.64	

B.	Full Name (Last, First, Middle Initial) Mr. Brian Waidmann	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1872428321905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Chief of Staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1041.65	

C.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771358221905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 310.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$155.00 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1240.00	

SUBTOTAL of Receipts This Page (optional)	1143.32
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: (check only one)	PAGE 16 / 33
	<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. Linda H. Cunningham		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. C		Transaction ID: PR771362421905
Name of Employer American Council of Life Insurers		Occupation Vice President, Conference Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 428.65	107.16
			P/R Deduction (\$53.58 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. C		Transaction ID: PR771365421905
Name of Employer American Council of Life Insurers		Occupation Vice President, Media Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	60.00
			P/R Deduction (\$30.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 3 0 / 2 0 1 1
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. C		Transaction ID: PR771369021905
Name of Employer American Council of Life Insurers		Occupation Vice Pres., Legislative & Regulatory I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.03	59.26
			P/R Deduction (\$29.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	226.42
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 17 / 33
	<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. J. Bruce Ferguson	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771373221905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 286.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$143.23 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1145.84	

B.	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771373521905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 57.52
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.76 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.08	

C.	Full Name (Last, First, Middle Initial) Mr. David M. Leifer	Date of Receipt MM / DD / YYYY 04 / 30 / 2011
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771374021905
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 155.16
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$77.58 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 620.65	

SUBTOTAL of Receipts This Page (optional)	499.14
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 / 33

(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		Date of Receipt MM / DD / YYYY 04 / 30 / 2011		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771376821905		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 50.84	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.42 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Regional Vice President, State Relatio		

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	203.36
<input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt MM / DD / YYYY 04 / 30 / 2011		
	Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771377121905		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Regional Vice President, State Relatio		

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	800.00
<input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan		Date of Receipt MM / DD / YYYY 04 / 30 / 2011		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771395121905		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 416.66	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$208.33 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Executive Vice President, Publi		

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General	1666.64
<input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional) ▶

667.50

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 / 33
(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. 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 ▼ 749.04

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771419321905
Amount of Each Receipt this Period 187.26
P/R Deduction (\$93.63 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 ▼ 600.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771419921905
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 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 Regional Vice President, State Relatio

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771421021905
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 437.26

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 / 33
(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. 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 ▼ 301.36

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771422921905
Amount of Each Receipt this Period 93.59
P/R Deduction (\$58.96 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 VP, Litigation & Assoc. Gen. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771423221905
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 Regional Vice President, State Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 521.67

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771428721905
Amount of Each Receipt this Period 130.42
P/R Deduction (\$65.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 304.01

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 / 33
(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. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 449.87

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771428821905
Amount of Each Receipt this Period 20.87
P/R Deduction (\$20.87 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1003.03

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771428921905
Amount of Each Receipt this Period 250.76
P/R Deduction (\$125.38 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 486.00

Date of Receipt 04 / 30 / 2011
Transaction ID: PR771444321905
Amount of Each Receipt this Period 180.00
P/R Deduction (\$90.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **451.63**

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 / 33	
	(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 0 4 / 3 0 / 2 0 1 1		
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR805149121905	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 198.76		
	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 ▼ 795.04		
P/R Deduction (\$99.38 Semi-Monthly)					

SUBTOTAL of Receipts This Page (optional)	▶	198.76
TOTAL This Period (last page this line number only)	▶	15954.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33
(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)
Liberty Mutual Insurance PAC

Mailing Address 175 Berkeley Street

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

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 / 2 5 / 2 0 1 1

Transaction ID: 39834947

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

A.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 39832316 Date of Disbursement 04 / 27 / 2011
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Ben Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 39832317 Date of Disbursement 04 / 27 / 2011
	Mailing Address 257 East 200 South Suite 950	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84111	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Orrin Hatch	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte	Transaction ID: 39832319 Date of Disbursement 04 / 27 / 2011
	Mailing Address PO Box 937	Amount of Each Disbursement this Period 1000.00
	City Manchester State NH Zip Code 03105	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Ms. Kelly Ayotte	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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 25 / 33

<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

<p>A. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 7905 Malcolm Road Suite 102</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Steny Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05</p>	<p>Transaction ID: 39832320 Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Van Hollen For Congress</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08</p>	<p>Transaction ID: 39832321 Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908-I Cincinnati Dayton Road</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08</p>	<p>Transaction ID: 39832381 Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

**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) Peters For Congress	Transaction ID: 39832490 Date of Disbursement 04 / 27 / 2011
	Mailing Address PO Box 226	Amount of Each Disbursement this Period 1000.00
	City Bloomfield Hills State MI Zip Code 48303	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Gary Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 39832595 Date of Disbursement 04 / 27 / 2011
	Mailing Address 500 Red Sail Way	Amount of Each Disbursement this Period 1000.00
	City Satelite Beach State FL Zip Code 32937	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc	Transaction ID: 39832774 Date of Disbursement 04 / 27 / 2011
	Mailing Address Post Office Box 80126	Amount of Each Disbursement this Period 1000.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charles Boustany, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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) Dold For Congress	Transaction ID: 39832888 Date of Disbursement
	Mailing Address PO Box 8145	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Northfield State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Robert Dold	<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: 10	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blaine For Congress	Transaction ID: 39832956 Date of Disbursement
	Mailing Address PO Box 1526	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. W. Blaine Luetkemeyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Royce Campaign Committee	Transaction ID: 39833054 Date of Disbursement
	Mailing Address P.O. Box 2525	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Orange State CA Zip Code 92859	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Ed Royce	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL 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)
Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

Category/
Type

Candidate Name
Jim Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: 39833187
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Richard E. Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

Category/
Type

Candidate Name
Richard Neal

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: 39833234
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Stabenow for US Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

Category/
Type

Candidate Name
Debbie Stabenow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Transaction ID: 39833357
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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) Citizens for Harkin Mailing Address P O Box 811 City Des Moines State IA Zip Code 50304 Purpose of Disbursement 011 Candidate Name Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 39833482 Date of Disbursement 04 / 27 / 2011 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Bob Corker For Senate Mailing Address PO Box 848 City Chattanooga State TN Zip Code 37401 Purpose of Disbursement 011 Candidate Name Sen. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District:	Transaction ID: 39833533 Date of Disbursement 04 / 27 / 2011 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Kline For Congress Mailing Address 101 W Burnsville Pkwy, Suite 104 Suite 104 City Burnsville State MN Zip Code 55337 Purpose of Disbursement 011 Candidate Name Rep. John Kline Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02	Transaction ID: 39833606 Date of Disbursement 04 / 27 / 2011 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

**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

<p>A. Full Name (Last, First, Middle Initial) Committee To Elect Gary Ackerman</p> <p>Mailing Address 100 Jericho Quadrangle Suite 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Gary Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39833791</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address P.O. Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39833887</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) McCarthy For Congress</p> <p>Mailing Address 209 Pennsylvania Ave, SE Suite 229D</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39833958</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**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) Snowe for Senate	Transaction ID: 39834028 Date of Disbursement
	Mailing Address P.O. Box 2012	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Portland State ME Zip Code 04104	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Olympia Snowe	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Grimm For Congress	Transaction ID: 39834096 Date of Disbursement
	Mailing Address 560 9th Street	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Brooklyn State NY Zip Code 11215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael Grimm	<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: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 39840869 Date of Disbursement
	Mailing Address 5458 Third Street NE	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind for Catering for April Meet and Greet Event	<input type="text" value="93.17"/>
	Candidate Name Rep. Rick Berg	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2093.17"/>
TOTAL 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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MENUS Catering by Occasions</p> <p>Mailing Address 5458 Third Street NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement In-Kind for Catering for April Meet and Greet Event</p> <p>Candidate Name Rep. Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39840870</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 93.17</p> <p>011 Category/ Type</p> <p>In-Kind for Catering for April Meet and Greet Event</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MENUS Catering by Occasions</p> <p>Mailing Address 5458 Third Street NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement In-Kind for Catering for April Meet and Greet Event</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39840871</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 93.17</p> <p>011 Category/ Type</p> <p>In-Kind for Catering for April Meet and Greet Event</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MENUS Catering by Occasions</p> <p>Mailing Address 5458 Third Street NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement In-Kind for Catering for April Meet and Greet Event</p> <p>Candidate Name Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39840872</p> <p>Date of Disbursement 04 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 93.17</p> <p>011 Category/ Type</p> <p>In-Kind for Catering for April Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional) ►

279.51

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

**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)

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<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)
MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City Washington State DC Zip Code 20011

Purpose of Disbursement
In-Kind for Catering for April Meet and Greet Event

Candidate Name
Mr. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 39840873

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

93.16

In-Kind for Catering for
April Meet and Greet Event

B.

Full Name (Last, First, Middle Initial)
MENUS Catering by Occasions

Mailing Address 5458 Third Street NE

City Washington State DC Zip Code 20011

Purpose of Disbursement
In-Kind for Catering for April Meet and Greet Event

Candidate Name
Rep. Adrian Smith

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 39840874

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

93.16

In-Kind for Catering for
April Meet and Greet Event

SUBTOTAL of Disbursements This Page (optional) ►

186.32

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

31059.00