

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Council of Life Insurers Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00147066
3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2011 through 02 28 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 03 18 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									
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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	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

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>Y</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>	Y	Y	Y	Y	2	0	1	1		59453.10
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	76083.59									
(c) Total Receipts (from Line 19)	10845.52	27476.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86929.11	86929.11								
7. Total Disbursements (from Line 31)	73700.00	73700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13229.11	13229.11								
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

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: To:

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)	4179.78	7396.45
(ii) Unitemized	1665.74	5079.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5845.52	12476.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10845.52	27476.01
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))	10845.52	27476.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10845.52	27476.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73700.00	73700.00
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	0.00
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))..	73700.00	73700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73700.00	73700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

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)	10845.52	27476.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10845.52	27476.01
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 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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) Allstate Insurance PAC		Date of Receipt	
	Mailing Address 2775 Sanders Road Suite A4		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: 38930767
	Northbrook	IL	60062	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00040253		5000.00		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Senior Counsel, State Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 203.07</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: PR1120489721596</p> <p>Amount of Each Receipt this Period 101.54</p> <p>P/R Deduction (\$50.77 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh</p> <p>Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW</p> <p>City State Zip Code Washington DC 20001-2140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Executive Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 738.96</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: PR1550105921596</p> <p>Amount of Each Receipt this Period 369.48</p> <p>P/R Deduction (\$184.74 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Ms. Kathleen F. Kiernan-Pagani</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Sr. Counsel, State Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 304.59</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: PR1728112721596</p> <p>Amount of Each Receipt this Period 152.30</p> <p>P/R Deduction (\$76.15 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												

SUBTOTAL of Receipts This Page (optional)	623.32
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 8 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1821819621596

Amount of Each Receipt this Period 187.50

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

B.

Full Name (Last, First, Middle Initial)
The Honora Dirk A. Kempthorne

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 President and CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1871324521596

Amount of Each Receipt this Period 416.66

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

C.

Full Name (Last, First, Middle Initial)
Mr. Brian Waidmann

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 Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt 02 / 28 / 2011
Transaction ID: PR1872428321596

Amount of Each Receipt this Period 208.33

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

SUBTOTAL of Receipts This Page (optional) ► **812.49**

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 / 31
(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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771358221596
Amount of Each Receipt this Period 310.00
P/R Deduction (\$155.00 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.33

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771362421596
Amount of Each Receipt this Period 107.16
P/R Deduction (\$53.58 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 ▼ 572.92

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771373221596
Amount of Each Receipt this Period 286.46
P/R Deduction (\$143.23 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **703.62**

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 / 31
(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. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 310.33

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771374021596
Amount of Each Receipt this Period 155.16
P/R Deduction (\$77.58 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

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

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771377121596
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Publi

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 833.32

Date of Receipt 02 / 28 / 2011
Transaction ID: PR771395121596
Amount of Each Receipt this Period 416.66
P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 771.82

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 / 31
(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. 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 ▼ 374.52

Date of Receipt 02 / 28 / 2011

Transaction ID: PR771419321596

Amount of Each Receipt this Period 187.26

P/R Deduction (\$93.63 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.99

Date of Receipt 02 / 28 / 2011

Transaction ID: PR771419721596

Amount of Each Receipt this Period 208.33

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

C.

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 ▼ 300.00

Date of Receipt 02 / 28 / 2011

Transaction ID: PR771419921596

Amount of Each Receipt this Period 150.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **545.59**

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 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.83

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

Transaction ID: PR771428721596

Amount of Each Receipt this Period
130.42

P/R Deduction (\$65.21 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

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

Transaction ID: PR771428821596

Amount of Each Receipt this Period
143.00

P/R Deduction (\$71.50 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.51

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

Transaction ID: PR771428921596

Amount of Each Receipt this Period
250.76

P/R Deduction (\$125.38 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **524.18**

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 / 31
	(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. Maurice Perkins		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Washington	State DC	Zip Code 20001-2133
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: PR805149121596
	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 ▼ <input type="text" value="397.52"/>
			Amount of Each Receipt this Period <input type="text" value="198.76"/>
			P/R Deduction (\$99.38 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="198.76"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4179.78"/>

**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) DSCC <hr/> Mailing Address 120 Maryland Avenue, NE <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38925028 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

B. Full Name (Last, First, Middle Initial) DCCC <hr/> Mailing Address 430 South Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38925029 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

C. Full Name (Last, First, Middle Initial) NRCC <hr/> Mailing Address 320 First Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 38925030 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	30000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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) NRSC Mailing Address 425 2nd Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name 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) ▼	Transaction ID: 38925031 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 10000.00
B.	Full Name (Last, First, Middle Initial) Blue Dog PAC Mailing Address 209 Pennsylvania Ave, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Blue Dog PAC 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) ▼	Transaction ID: 38925032 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) New Democratic Coalition PAC Mailing Address 233 Pennsylvania Avenue, SE Second Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name New Democratic Coalition PAC 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) ▼	Transaction ID: 38925033 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)		20000.00	
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) Republican Main Street Partnership PAC	Transaction ID: 38925034 Date of Disbursement
	Mailing Address 325 7th Street, NW Suite 610	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Republican Main Street Partnership PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Tuesday Group PAC	Transaction ID: 38925035 Date of Disbursement
	Mailing Address P. O. Box 11586	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Tuesday Group PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 38925036 Date of Disbursement
	Mailing Address c/o Elizabeth Kelley 7036 N Wall Ave	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Portland State OR Zip Code 97203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15000.00"/>
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) ACLI Services, Inc.	Transaction ID: 39269994 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.72
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Mr. Francisco Canseco	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39270615 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.71
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Rep. Lynn Westmoreland	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39270739 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.72
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Mr. W. Blaine Luetkemeyer	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	857.15
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) ACLI Services, Inc.	Transaction ID: 39272670 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.71
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Rep. Jim Renacci	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for Room Rental for 2-9-11 Meet and Greet Event

B.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39272789 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.72
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Rep. Bill Huizenga	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for Room Rental for 2-9-11 Meet and Greet Event

C.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39273150 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 285.71
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event	011 Category/ Type
	Candidate Name Mr. Steve Pearce	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for Room Rental for 2-9-11 Meet and Greet Event

SUBTOTAL of Disbursements This Page (optional)	857.14
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) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for Room Rental for 2-9-11 Meet and Greet Event Candidate Name Mr. Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39273225 Date of Disbursement 02 / 02 / 2011 <hr/> Amount of Each Disbursement this Period 285.71 <hr/> In-Kind for Room Rental for 2-9-11 Meet and Greet Event
	Category/Type 011
B. Full Name (Last, First, Middle Initial) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event Candidate Name Rep. Robert Dold <hr/> 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) ▼	Transaction ID: 39273496 Date of Disbursement 02 / 02 / 2011 <hr/> Amount of Each Disbursement this Period 333.33 <hr/> In-Kind for Room Rental for 2-17-11 Meet and Greet Event
	Category/Type 011
C. Full Name (Last, First, Middle Initial) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event Candidate Name Rep. Robert Hurt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39273910 Date of Disbursement 02 / 02 / 2011 <hr/> Amount of Each Disbursement this Period 333.34 <hr/> In-Kind for Room Rental for 2-17-11 Meet and Greet Event
	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

952.38

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) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Nan Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274258 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 333.34</p> <p>In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Michael Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274324 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 333.33</p> <p>In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Michael Grimm</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274454 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 333.33</p> <p>In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	1000.00
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) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Sean Duffy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274547 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 333.33</p> <p>In-Kind for Room Rental for 2-17-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Sean Duffy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274924 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 29.17</p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p> <p>Candidate Name Rep. Michael Grimm</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39274999 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 29.17</p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	391.67
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.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Michael Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275089</p> <p>Date of Disbursement <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="29.17"/></p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Nan Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275093</p> <p>Date of Disbursement <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="29.16"/></p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Robert Hurt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA 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: 39275096</p> <p>Date of Disbursement <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="29.16"/></p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional) ▶

87.49

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) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Robert Dold Category/Type</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: IL District: 10</p>	<p>Transaction ID: 39275097 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="29.17"/></p> <p>In-Kind for staff time, use of corporate resources for 2-17-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Bill Huizenga Category/Type</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: MI District: 02</p>	<p>Transaction ID: 39275102 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="25.00"/></p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Mr. Steve Stivers Category/Type</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: 15</p>	<p>Transaction ID: 39275105 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="25.00"/></p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="79.17"/>
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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American Council of Life Insurers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Jim Renacci</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275111</p> <p>Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Mr. Steve Pearce</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275113</p> <p>Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Mr. W. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275117</p> <p>Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional) ▶

75.00

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) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Lynn Westmoreland</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275118 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Mr. Francisco Canseco</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275119 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>In-Kind for staff time, use of corporate resources for 2-9-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event <input type="checkbox"/> 011</p> <p>Candidate Name Rep. Rick Berg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275124 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 43.75</p> <p>In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	93.75
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 26 / 31

<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) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event <input type="text" value="011"/></p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275125 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="43.75"/></p> <p>In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event <input type="text" value="011"/></p> <p>Candidate Name Rep. Thomas Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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: 39275126 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="43.75"/></p> <p>In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event <input type="text" value="011"/></p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275170 Date of Disbursement <input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="11"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="43.75"/></p> <p>In-Kind for staff time, use of corporate resources for 2-10-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="131.25"/>
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. Full Name (Last, First, Middle Initial) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for room rental for 2-10-11 Meet and Greet Event</p> <p>Candidate Name Rep. Rick Berg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275172 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>In-Kind for room rental for 2-10-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for room rental for 2-10-11 Meet and Greet Event</p> <p>Candidate Name Mr. Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275173 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>In-Kind for room rental for 2-10-11 Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for room rental for 2-10-11 Meet and Greet Event</p> <p>Candidate Name Rep. Thomas Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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: 39275180 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>In-Kind for room rental for 2-10-11 Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	1500.00
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) ACLI Services, Inc.</p> <p>Mailing Address 101 Constitution Ave, NW 8th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for room rental for 2-10-11 Meet and Greet Event</p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275181 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>In-Kind for room rental for 2-10-11 Meet and Greet Event</p>
<p>B. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 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: 39275183 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>011 Category/ Type</p> <p>In-Kind for staff time, use of corporate resources for Meet and Greet Event</p>
<p>C. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for Meet and Greet Event</p> <p>Candidate Name Mr. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275195 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>011 Category/ Type</p> <p>In-Kind for staff time, use of corporate resources for Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	570.00
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.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 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: 39275196 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>In-Kind for staff time, use of corporate resources for Meet and Greet Event</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for 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: 39275197 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>In-Kind for staff time, use of corporate resources for Meet and Greet Event</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for staff time, use of corporate resources for Meet and Greet Event</p> <p>Candidate Name Rep. Adrian Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 39275198 Date of Disbursement 02 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 35.00</p> <p>In-Kind for staff time, use of corporate resources for Meet and Greet Event</p>

SUBTOTAL of Disbursements This Page (optional)	105.00
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) ACLI Services, Inc.	Transaction ID: 39275199 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for room rental for Meet and Greet Event	011 Category/ Type
	Candidate Name Jim Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for room rental for Meet and Greet Event

B.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39275200 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for room rental for Meet and Greet Event	011 Category/ Type
	Candidate Name Mr. Erik Paulsen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for room rental for Meet and Greet Event

C.	Full Name (Last, First, Middle Initial) ACLI Services, Inc.	Transaction ID: 39275202 Date of Disbursement 02 / 02 / 2011
	Mailing Address 101 Constitution Ave, NW 8th Floor	Amount of Each Disbursement this Period 400.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement In-Kind for room rental for Meet and Greet Event	011 Category/ Type
	Candidate Name Lynn Jenkins	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-Kind for room rental for Meet and Greet Event

SUBTOTAL of Disbursements This Page (optional)	▶	1200.00
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 31 / 31

<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) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for room rental for Meet and Greet Event <hr/> Candidate Name Rep. Diane Black <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39275203 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 400.00 In-Kind for room rental for Meet and Greet Event
B. Full Name (Last, First, Middle Initial) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for room rental for Meet and Greet Event <hr/> Candidate Name Rep. Adrian Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 39275204 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 400.00 In-Kind for room rental for Meet and Greet Event

SUBTOTAL of Disbursements This Page (optional) ►

800.00

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

73700.00