

**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  
AEGON USA, LLC PAC

ADDRESS (number and street) 1111 North Charles Street  
 Check if different than previously reported. (ACC)  
Baltimore MD 21201

2. **FEC IDENTIFICATION NUMBER** C00236414  
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 10 16 2008 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 10 01 2008 through 10 15 2008

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 Ms. Jeanne de Cervens

Signature of Treasurer Electronically Filed by Ms. Jeanne de Cervens Date 10 16 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AEGON USA, LLC PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		72390.69
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	39024.88									
(c) Total Receipts (from Line 19) .....	5261.88	117646.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44286.76	190036.76								
7. Total Disbursements (from Line 31) .....	7997.51	153747.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36289.25	36289.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
AEGON USA, LLC PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	4527.50	91484.50
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	734.38	26126.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5261.88	117610.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	5261.88	117610.60
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	35.47
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)) .....	5261.88	117646.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5261.88	117646.07

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7997.51	144497.51
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	9250.00
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))..	7997.51	153747.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7997.51	153747.51

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5261.88	117610.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5261.88	117610.60
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: (check only one)	PAGE 6 / 44
	<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	

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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jill Jill A Handley	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3510 Plum Grove Ct NE	<b>Transaction ID:</b> PR21028552901
	City State Zip Code Cedar Rapids IA 52402	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Division General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph Ralph Lee Arnold	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2500 Silver Meadow Lane	<b>Transaction ID:</b> PR21029532901
	City State Zip Code Westminster MD 21158	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$35.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation SVP & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ross Ross J Bagshaw	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 104 Van Buren Court	<b>Transaction ID:</b> PR21030332901
	City State Zip Code Colleyville TX 76034	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$77.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation LTC President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>137.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Wesley Wesley A Barlow		Date of Receipt
	Mailing Address 359 Oakwind Pointe		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Acworth	GA	30101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR21031132901
Name of Employer Stonebridge Life Insurance Co		Occupation Chief Technology Officer	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 ▼	<input type="text"/> 12.00
		<input type="text"/> 240.00	P/R Deduction (\$12.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) James James A Beardsworth		Date of Receipt
	Mailing Address 4899 Oak Grove Ct NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Cedar Rapids	IA	52411
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR21032292901
Name of Employer Transamerica Life Insurance Co		Occupation SVP, Treasurer & Corp Develop	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 ▼	<input type="text"/> 58.00
		<input type="text"/> 1160.00	P/R Deduction (\$58.00 Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd Todd M Bergen		Date of Receipt
	Mailing Address 3190 Old Orchard Rd NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Cedar Rapids	IA	52402
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR21033452901
Name of Employer Transamerica Life Insurance Co		Occupation Dir, Acquisitions	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 ▼	<input type="text"/> 25.00
		<input type="text"/> 500.00	P/R Deduction (\$25.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 95.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 44
	<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)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
David David L Blankenship

Mailing Address 4405 Oak Leaf Court NE

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer AEGON USA Realty Advisors, Inc  
Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21034772901

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Kent Kent G Callahan

Mailing Address 300 Stanyan Place

City Alpharetta State GA Zip Code 30022

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

Name of Employer Transamerica Life Insurance Co  
Occupation Mgr - Pension Sales & Mktg RU1

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21039972901

Amount of Each Receipt this Period 77.00

P/R Deduction (\$77.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Steven Steven J Cammarata

Mailing Address 1133 Silentglade Rd

City Owings Mills State MD Zip Code 21117-2456

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

Name of Employer Monumental Life Insurance Co  
Occupation VP and Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21040092901

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 112.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Thomas R Carey	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 706 Ithica Ct.	<b>Transaction ID:</b> PR21040732901
	City State Zip Code Fallston MD 21047-0000	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Monumental Life Insurance Co	Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn Marilyn Carp	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7019 Pheasant Cross Dr.	<b>Transaction ID:</b> PR21040952901
	City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$160.00 Weekly)
Name of Employer Stonebridge Life Insurance Co	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Roy Roy A Chong-Kit	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1737 Stoner Ave #18	<b>Transaction ID:</b> PR21043012901
	City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Mgr - Life Actuarial	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Bruce L Christensen	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 715 Brent Ave Apt I	<b>Transaction ID:</b> PR21043062901
	City State Zip Code South Pasadena CA 91030	Amount of Each Receipt this Period 12.50
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.50 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Pro - Project Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brenda Brenda K Clancy	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 4060 Eagle Ridge Drive	<b>Transaction ID:</b> PR21043402901
	City State Zip Code Cedar Rapids IA 52411	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation EVP & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michele Michele M Coan	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1904 Rolling Hills Trail	<b>Transaction ID:</b> PR21044042901
	City State Zip Code Fisherville KY 40023	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation Director, Business Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Robert F Colby	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3 South Ridge Road	<b>Transaction ID:</b> PR21044462901
	City State Zip Code Larchmont NY 10538	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Weekly)
Name of Employer Transamerica Fincl Life Ins Co	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. Chad J. Chad Collier	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 12100 Hazelwood Road	<b>Transaction ID:</b> PR21044702901
	City State Zip Code Anchorage KY 40223	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation Director Strategic Planning an	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Catherine Catherine Collinson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address P O Box 292470	<b>Transaction ID:</b> PR21044862901
	City State Zip Code Los Angeles CA 90029	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Mgr - Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>132.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
James Came James Cameron Cook

Mailing Address 915 Round Hill Road

City State Zip Code  
Fort Worth TX 76131

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

Name of Employer: Transamerica Life Insurance Co  
Occupation: Vice Pres-Underwriting & Claim

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21045382901  
 Amount of Each Receipt this Period: 25.00  
 P/R Deduction (\$25.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Glenn Glenn F Cunningham

Mailing Address 14808 Henry Harrison Stillwell Dr

City State Zip Code  
Huntersville NC 28078-8972

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

Name of Employer: Transamerica Life Insurance Co  
Occupation: VP Executive I

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1160.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21047382901  
 Amount of Each Receipt this Period: 58.00  
 P/R Deduction (\$58.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Duane Duane A Davies

Mailing Address 11179 Willow Green Way

City State Zip Code  
Marriottsville MD 21104

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

Name of Employer: Monumental Life Insurance Co  
Occupation: VP Sales Support

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21048592901  
 Amount of Each Receipt this Period: 23.00  
 P/R Deduction (\$23.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 106.00

**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 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeanne Jeanne de Cervens	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 9401 Lyons Mill Road	<b>Transaction ID:</b> PR21049032901
	City State Zip Code Owings Mills MD 21117	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$77.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation Dir, Federal Govt Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Phyllis Phyllis A Dilbeck	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1119 Glenwood Rd	<b>Transaction ID:</b> PR21050722901
	City State Zip Code Glendale CA 91202	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Mgr - Life Product Devel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Philip She Philip Sherman Eckman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 8381 Hidden Ponds Alcove	<b>Transaction ID:</b> PR21053252901
	City State Zip Code St Paul MN 55125-5000	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$77.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Pres & CEO, TRM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>179.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 44  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mark Mark H Edwards

Mailing Address 3901 Brookfield Avenue

City State Zip Code  
Louisville KY 40207

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

Name of Employer Monumental Life Insurance Co  
Occupation Sr Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21053412901

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
George George W Finley

Mailing Address 5529 Ventura Canyon Ave

City State Zip Code  
Sherman Oaks CA 91401

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

Name of Employer Transamerica Life Insurance Co  
Occupation Pro - Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21056432901

Amount of Each Receipt this Period 20.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Robert Robert R Frederick

Mailing Address 6719 Spring Grove Ct NE

City State Zip Code  
Cedar Rapids IA 52411

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

Name of Employer Transamerica Life Insurance Co  
Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21058182901

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 50.00

**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 15 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
James James T Garrett

Mailing Address 2829 Duke Homestead Road

City State Zip Code  
Durham NC 27705

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

Name of Employer Monumental Life Insurance Co  
Occupation Sr Field Compliance Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21059652901

Amount of Each Receipt this Period 15.00

P/R Deduction (\$15.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Robert Robert P Glowacki

Mailing Address 3508 San Bar Lane

City State Zip Code  
Colleyville TX 76034

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

Name of Employer Transamerica Life Insurance Co  
Occupation VP Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21061482901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
David David M Goldstein

Mailing Address 12048 Wood Ranch Road

City State Zip Code  
Granada Hills CA 91344

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

Name of Employer Transamerica Life Insurance Co  
Occupation Mgr - Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21061902901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

**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 16 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric Eric B Goodman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 13 River Hill Road	<b>Transaction ID:</b> PR21062162901
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$70.00 Weekly)
	Name of Employer AEGON USA Realty Advisors, Inc Occupation Chief Investment Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brad Brad L Gottschalk	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 30 Sunset Lane	<b>Transaction ID:</b> PR21062332901
	City State Zip Code West Hampton Beach NY 11978-2041	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Weekly)
	Name of Employer Transamerica Fincl Life Ins Co Occupation Pro - Life Actuarial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacqueline Jacqueline D Griffin	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2106 Highland Springs Place	<b>Transaction ID:</b> PR21063252901
	City State Zip Code Louisville KY 40245	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Weekly)
	Name of Employer Monumental Life Insurance Co Occupation DIVISION PRES DFP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 44  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Henry Henry Guy Hagan

Mailing Address 10710 Greenspring Av

City State Zip Code  
Lutherville MD 21093

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

Name of Employer Monumental Life Insurance Co  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21064502901

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Thomas J Hartlage

Mailing Address 15511 Champion Lakes Pl

City State Zip Code  
Louisville KY 40245

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

Name of Employer Monumental Life Insurance Co  
Occupation Executive VP Structured Produc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21066502901

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Lynn Eliza Lynn Elizabeth Hartung

Mailing Address 2801 Crestridge Ct

City State Zip Code  
Grapevine TX 76051

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

Name of Employer Transamerica Life Insurance Co  
Occupation Executive VP & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21066532901

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 18 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Scott P Hassenstab		Date of Receipt
	Mailing Address 300 Woodland Ct		<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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Hiawatha	IA	52233
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR21066692901
Name of Employer AEGON USA Realty Advisors, Inc		Occupation Director of Distressed Assets	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 ▼ 400.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jay Jay A Hewitt		Date of Receipt
	Mailing Address 2800 Weston Lane N		<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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Plymouth	MN	55447
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR21068712901
Name of Employer Transamerica Capital, Inc		Occupation National Account Mgr	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 ▼ 500.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Thomas M Kazar		Date of Receipt
	Mailing Address 1241 Hidden Ct		<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 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR21076582901
Name of Employer AEGON Direct Marketing Svc Inc		Occupation VP Sales	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 ▼ 500.00	<input type="text"/> 25.00
			P/R Deduction (\$25.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 70.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 19 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Kenneth P Kilbane	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 922 Calle Las Trancas	<b>Transaction ID:</b> PR21077942901
	City State Zip Code Thousand Oaks CA 91360	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$77.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Mgr - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John John R Kneeland	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 926 Boyson Rd. NE	<b>Transaction ID:</b> PR21078892901
	City State Zip Code Cedar Rapids IA 52402	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation VP, Marketing & Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Peter G Kunkel	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 103 Muirfield Road	<b>Transaction ID:</b> PR21080302901
	City State Zip Code Rockville Centre NY 11570	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Weekly)
Name of Employer Transamerica Fincl Life Ins Co	Occupation President&Chief Operating Offr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>182.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) James James R Landis	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 5617 Shiloh Lane NE	<b>Transaction ID:</b> PR21080952901
	City State Zip Code Cedar Rapids IA 52411	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Weekly)
Name of Employer AEGON USA Realty Advisors, Inc	Occupation VP Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James James P Larkin	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 23 Orchard Farm Road	<b>Transaction ID:</b> PR21081322901
	City State Zip Code Port Washington NY 11050	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Weekly)
Name of Employer Transamerica Fincl Life Ins Co	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rosie Mari Rosie Maria Levitt	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 5796 Rockport Ln	<b>Transaction ID:</b> PR21082842901
	City State Zip Code Ft Worth TX 76137	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Dir of Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	55.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
John John A Madrak

Mailing Address 360 Cassatt Rd

City State Zip Code  
Berwyn PA 19312

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

Name of Employer Occupation  
Stonebridge Life Insurance Co Programmer Analyst, Sr

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21085702901

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Gerhard Gerhard E Marten

Mailing Address 568 N Orange Grove Blvd

City State Zip Code  
Pasadena CA 91103

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

Name of Employer Occupation  
Transamerica Life Insurance Co Mgr - Life Ins Operations RU1

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21087042901

Amount of Each Receipt this Period  
15.00

P/R Deduction (\$15.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Joseph J Masterson

Mailing Address 11 Southminster Dr

City State Zip Code  
White Plains NY 10604

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

Name of Employer Occupation  
Transamerica Fincl Life Ins Co Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21087672901

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$100.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**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 22 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
Kathy Kathy A Briney  
Mailing Address 175 27th St NW

City State Zip Code  
Cedar Rapids IA 52405-4605

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

Name of Employer: Transamerica Life Insurance Co  
Occupation: Mgr, Acctng

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21089532901  
 Amount of Each Receipt this Period: 25.00  
 P/R Deduction (\$25.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Seth Seth D Miller  
Mailing Address 450 Hickory Ct

City State Zip Code  
Robins IA 52328

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

Name of Employer: Transamerica Life Insurance Co  
Occupation: EVP, Specialized Dist Groups

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21092462901  
 Amount of Each Receipt this Period: 25.00  
 P/R Deduction (\$25.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Scott Davi Scott David Millikin  
Mailing Address 611 Boulder Dr

City State Zip Code  
Center Point IA 52213

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

Name of Employer: Transamerica Life Insurance Co  
Occupation: To Be Assigned - Exempt

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 15 / 2008  
**Transaction ID:** PR21092682901  
 Amount of Each Receipt this Period: 20.00  
 P/R Deduction (\$20.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

**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 23 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Mark W Mullin	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 183 Abbotsford Rd	<b>Transaction ID:</b> PR21095262901
	City State Zip Code Cedar Rapids IA 52403	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Weekly)
	Name of Employer Transamerica Life Insurance Co Occupation To Be Assigned - Exempt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paula Paula G Nelson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 17005 5th Ave North	<b>Transaction ID:</b> PR21096412901
	City State Zip Code Plymouth MN 55447	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Weekly)
	Name of Employer Transamerica Capital, Inc Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Larry Larry N Norman	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 401 South Seas Dr #304	<b>Transaction ID:</b> PR21097382901
	City State Zip Code Jupiter FL 33477	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Weekly)
	Name of Employer Transamerica Life Insurance Co Occupation Pres, FMG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lonny Joe Lonny Joe Olejniczak	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1425 Wicklow Drive	<b>Transaction ID:</b> PR21098202901
	City Robins State IA Zip Code 52328	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Managing Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John John A Oliver	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3540 Griffith Pk Blvd	<b>Transaction ID:</b> PR21098222901
	City Los Angeles State CA Zip Code 90027	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Mgr - Advanced Life Ins RU1	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Thomas P O'Neill	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 11 Blenheim Farm Lane	<b>Transaction ID:</b> PR21098482901
	City Phoenix State MD Zip Code 21131	Amount of Each Receipt this Period 58.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$58.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation To Be Assigned - Exempt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>113.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John John R Peterson		Date of Receipt
	Mailing Address 14037 Baker Rd		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durand	IL	61024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Transamerica Fincl Life Ins Co		Occupation Vice President	Transaction ID: PR21101942901
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="25.00"/>	
		P/R Deduction (\$25.00 Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Charles J Powers		Date of Receipt
	Mailing Address 2575 Remington Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Linn	OR	97068
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Transamerica Fincl Life Ins Co		Occupation VP - Sales	Transaction ID: PR21103692901
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="25.00"/>	
		P/R Deduction (\$25.00 Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Jeffrey L Rosen		Date of Receipt
	Mailing Address 3703 Constantine Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Prospect	KY	40059
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Monumental Life Insurance Co		Occupation Senior Executive VP Product Ma	Transaction ID: PR21109172901
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="25.00"/>	
		P/R Deduction (\$25.00 Weekly)	

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

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

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

FOR LINE NUMBER: PAGE 26 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
Paul Paul E Rutledge  
Mailing Address 3823 Beresford Road  
City State Zip Code  
Charlotte NC 28211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transamerica Life Insurance Co Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3000.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21110142901  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$150.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Douglas Douglas A Sarcia  
Mailing Address 424 Chrislena Lane  
City State Zip Code  
West Chester PA 19380  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stonebridge Life Insurance Co Occupation VP Int'l Strategic Develop  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21111392901  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$50.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Arthur Car Arthur Carl Schneider  
Mailing Address 3525 Cass Ct # 613  
City State Zip Code  
Oak Brook IL 60523  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transamerica Life Insurance Co Occupation SVP & Chief Tax Officer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 800.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21112402901  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$40.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... **240.00**  
**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 27 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Katherine Katherine A Schulze

Mailing Address 5993 Avalon Drive

City State Zip Code  
Elkridge MD 21075

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

Name of Employer Monumental Life Insurance Co  
Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21112902901

Amount of Each Receipt this Period 58.00

P/R Deduction (\$58.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Laura Laura E Scully

Mailing Address 6504 Via Siena

City State Zip Code  
Rancho Palos Verde CA 90275

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

Name of Employer Transamerica Life Insurance Co  
Occupation Mgr - Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21113392901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Rick Rick L Seger

Mailing Address 4155 Willowbrook Dr.

City State Zip Code  
Marion IA 52302

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

Name of Employer Transamerica Life Insurance Co  
Occupation EVP, Specialized Dist Groups

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21113612901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 108.00

**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 28 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Steven R Shepard	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 1492 Ridge Top Way	<b>Transaction ID:</b> PR21114652901
	City State Zip Code Clearwater FL 33765	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Western Reserve Life Assur Co. Mgr - Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$35.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) David David D Shute	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 29179 Valley Oak Place	<b>Transaction ID:</b> PR21115102901
	City State Zip Code Santa Clarita CA 91390	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Transamerica Life Insurance Co Mgr - Marketing RU1 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Robert M Slaven	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 5905 Apache Road	<b>Transaction ID:</b> PR21116172901
	City State Zip Code Louisville KY 40207	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Monumental Life Insurance Co TOP DIVISION LEGAL DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$25.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Brian Brian A Smith

Mailing Address 17 Lauren Lane

City State Zip Code  
Chester Springs PA 19425

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

Name of Employer Occupation  
Stonebridge Life Insurance Co Chief Operating Officer ADMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21116452901

Amount of Each Receipt this Period 77.00

P/R Deduction (\$77.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Gayle Gayle L Sopousek

Mailing Address 1512 Trail Bend Dr NW

City State Zip Code  
Swisher IA 52338

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

Name of Employer Occupation  
Transamerica Life Insurance Co To Be Assigned - Exempt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21117892901

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Geoffrey Geoffrey D Southwell

Mailing Address 14137 Bankside Dr

City State Zip Code  
Huntersville NC 28078

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

Name of Employer Occupation  
Transamerica Capital, Inc Division VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21118032901

Amount of Each Receipt this Period 77.00

P/R Deduction (\$77.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **204.00**

**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 30 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne Anne M Spaes	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3025 Albrecht Drive	<b>Transaction ID:</b> PR21118052901
	City Prospect State KY Zip Code 40059	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
	Name of Employer Monumental Life Insurance Co Occupation Mgr - Business Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Thomas J St Andrews	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 4019 Forest View Ct NE	<b>Transaction ID:</b> PR21118592901
	City Cedar Rapids State IA Zip Code 52411-6526	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
	Name of Employer Transamerica Life Insurance Co Occupation VP, Re-Engineering Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Timmy Timmy L Stonehocker	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 5124 Spring Oak Ct NE	<b>Transaction ID:</b> PR21119842901
	City Cedar Rapids State IA Zip Code 52411	Amount of Each Receipt this Period 58.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$58.00 Weekly)
	Name of Employer Transamerica Life Insurance Co Occupation EVP, Agency Group & CEO, WFG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>108.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
Bryan Bryan M Sugimoto  
Mailing Address 13220 So. Manhattan Place  
City State Zip Code  
Gardena CA 90249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transamerica Life Insurance Co Occupation Mgr - Securities Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21120702901  
Amount of Each Receipt this Period 25.00  
P/R Deduction (\$25.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Colette Colette F Vargas  
Mailing Address 61 Riverview Road  
City State Zip Code  
Irvington NY 10533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transamerica Fincl Life Ins Co Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21126072901  
Amount of Each Receipt this Period 15.00  
P/R Deduction (\$15.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Craig Craig D Vermie  
Mailing Address 3500 Oriole Court NE  
City State Zip Code  
Cedar Rapids IA 52402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Transamerica Life Insurance Co Occupation SVP & General Counsel  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 10 / 15 / 2008  
Transaction ID: PR21126352901  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$30.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 70.00  
**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 32 / 44  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

**A.** Full Name (Last, First, Middle Initial)  
William William A Waldie  
 Mailing Address 3089 Prairie Du Chien Rd NE  
 City Iowa City State IA Zip Code 52240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Transamerica Life Insurance Co Occupation Gov/Industry Rels Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR21127272901  
 Amount of Each Receipt this Period 25.00  
 P/R Deduction (\$25.00 Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Edward How Edward Howard Walker  
 Mailing Address 2409 Munford Drive  
 City Fallston State MD Zip Code 21047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AEGON Direct Marketing Svc Inc Occupation Sr VP ADMS Spons Mkts/Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR21127542901  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$20.00 Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Thomas E Walsh  
 Mailing Address 2514 Foxy Poise  
 City Louisville State KY Zip Code 40220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Monumental Life Insurance Co Occupation Director Institutional Market  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** PR21127852901  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$50.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00  
**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 33 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael Michael A Wapp

Mailing Address 1076 Lyndhurst Dr

City Hiawatha State IA Zip Code 52233

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

Name of Employer Transamerica Life Insurance Co Occupation Dir, Business & IT Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21128142901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Michelle M Weiner

Mailing Address 405 Cuttriss

City Park Ridge State IL Zip Code 60068

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

Name of Employer Transamerica Fincl Life Ins Co Occupation VP - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21129262901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Gary Lee Gary Lee Werkman

Mailing Address 95 Partridge Avenue

City Marion State IA Zip Code 52302

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

Name of Employer Transamerica Life Insurance Co Occupation Dir, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** PR21129612901

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 75.00

**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 34 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Phillip Phillip A White		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address Two Trojan Horse Dr		<b>Transaction ID:</b> PR21130152901
	City Phoenix	State MD	Zip Code 21131
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 15.00
	Name of Employer Monumental Life Insurance Co	Occupation VP Field Operations	P/R Deduction (\$15.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Ronald L Ziegler		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1337 L Road NW		<b>Transaction ID:</b> PR21134522901
	City Swisher	State IA	Zip Code 52338
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
	Name of Employer Transamerica Life Insurance Co	Occupation Pres, APS	P/R Deduction (\$140.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Peter J Zummo		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 8 Somerset Lane		<b>Transaction ID:</b> PR21134762901
	City Simsbury	State CT	Zip Code 06070
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Transamerica Fincl Life Ins Co	Occupation Senior Vice President	P/R Deduction (\$30.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Brian C Scott		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4345 Kenilworth Ct SE		<b>Transaction ID:</b> PR21140222901
	City Cedar Rapids	State IA	Zip Code 52403
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Transamerica Life Insurance Co	Occupation Executive VP	P/R Deduction (\$50.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Mark L Thornton		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2065 Webley		<b>Transaction ID:</b> PR21151882901
	City Plano	State TX	Zip Code 75023
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
	Name of Employer Stonebridge Life Insurance Co	Occupation Sr VP DSO	P/R Deduction (\$20.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Diana Diana M Marchesi		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 1870 Jackson St #304		<b>Transaction ID:</b> PR21157072901
	City San Francisco	State CA	Zip Code 94109
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer Transamerica Life Insurance Co	Occupation Pro - Counsel	P/R Deduction (\$25.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurie Laurie A Renko	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 300 Prescott Drive	<b>Transaction ID:</b> PR21162412901
	City State Zip Code Chester Springs PA 19425	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Stonebridge Life Insurance Co	Occupation Sr VP Marketing Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Matthew Burley	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address Suite 404 270 N Main St	<b>Transaction ID:</b> PR21163122901
	City State Zip Code Mansfield MA 02048	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Fincl Life Ins Co	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Aaron Aaron Hill	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 3817 Hibbs St	<b>Transaction ID:</b> PR21165962901
	City State Zip Code Plano TX 75025	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Weekly)
Name of Employer Stonebridge Life Insurance Co	Occupation International Devlpmnt Mgr, Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Vickie Vickie J Jones	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3820 Silverstone Drive	<b>Transaction ID:</b> PR21166342901
	City State Zip Code Plano TX 75023	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Stonebridge Life Insurance Co Accounting Ops Mgr Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$12.00 Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Thomas D McGahey	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4452 Longfellow	<b>Transaction ID:</b> PR21167152901
	City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Stonebridge Life Insurance Co Chief Administrative Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1540.00	P/R Deduction (\$77.00 Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Le Michael Lee Wilson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 14020 Blenheim Rd N	<b>Transaction ID:</b> PR21169352901
	City State Zip Code Phoenix MD 21131	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Stonebridge Life Insurance Co VP Financial Reporting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$20.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	109.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joel Joel L Coleman	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 10927 Keene Road	<b>Transaction ID:</b> PR21172462901
	City State Zip Code Louisville KY 40241	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer AEGON USA Realty Advisors, Inc	Occupation Head of Portfolio Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Kenneth A Klinger	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address PO Box 1416	<b>Transaction ID:</b> PR21176422901
	City State Zip Code Northbrook IL 60065-1416	Amount of Each Receipt this Period 58.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$58.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation VP & Corp Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dean Dean A Purvis	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 9239 Woodriver Lane	<b>Transaction ID:</b> PR21183932901
	City State Zip Code Charlotte NC 28277	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.00 Weekly)
Name of Employer AEGON Direct Marketing Svc Inc	Occupation Sr VP & Bus Unit Leader, BPG	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>163.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 44  
(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Rodolfo Rodolfo Wehrhahn

Mailing Address 1335 Crossbill Ct

City State Zip Code  
Weston FL 33327

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

Name of Employer Transamerica Life Insurance Co  
Occupation VP V

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21187902901

Amount of Each Receipt this Period  
25.00

P/R Deduction (\$25.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Shannon Shannon T Maloney

Mailing Address 16599 Weatherfield Drive

City State Zip Code  
Northville MI 48168

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

Name of Employer Transamerica Life Insurance Co  
Occupation Pro - Retirement Plan Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21190062901

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$20.00 Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Todd Todd H Fuhs

Mailing Address P.O. Box 34697

City State Zip Code  
Louisville KY 40232

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

Name of Employer Monumental Life Insurance Co  
Occupation Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** PR21191502901

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$40.00 Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

**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 40 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) David David O. Wesley	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 4929 Park Phillips Ct	<b>Transaction ID:</b> PR21194332901
	City State Zip Code Charlotte NC 28210	Amount of Each Receipt this Period 29.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$29.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation VP IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brent Brent L Nemec	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 7001 New Bern Court	<b>Transaction ID:</b> PR21201672901
	City State Zip Code Prospect KY 40059	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation Director Financial Analysis -	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregary Gregary M Goings	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Mailing Address 2035 Geode Street	<b>Transaction ID:</b> PR21204282901
	City State Zip Code Marion IA 52302	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Asst Dir, Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	79.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Christine Christine Sumner Newlin	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2420 Falbrook Drive NE	<b>Transaction ID:</b> PR21210072901
	City State Zip Code Cedar Rapids IA 52402	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer AEGON USA Realty Advisors, Inc	Occupation Mgr, Acctng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Todd B Tullous	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 7501 Wallops Mill Pond Rd	<b>Transaction ID:</b> PR21212192901
	City State Zip Code New Church VA 23315	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Monumental Life Insurance Co	Occupation District Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Byron Byron E Anderson	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 5 Newlands St	<b>Transaction ID:</b> PR21212312901
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$60.00 Weekly)
Name of Employer Monumental Life Insurance Co	Occupation Asst Dir, Federal Gov Relation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 44
	<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)  
AEGON USA, LLC PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Joseph S Boan	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 307 Tunbridge Rd	<b>Transaction ID:</b> PR21213482901
	City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Capital, Inc	Occupation Division VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alex Alex Beguiristain	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 3401 Granada Blvd	<b>Transaction ID:</b> PR22067032901
	City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$77.00 Weekly)
Name of Employer Transamerica Capital, Inc	Occupation Regional VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Ja Matthew James Collins	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2415 O Ave NW	<b>Transaction ID:</b> PR22363722901
	City State Zip Code Cedar Rapids IA 52405	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Weekly)
Name of Employer Transamerica Life Insurance Co	Occupation Lead Prgmr Alyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>127.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 44
	(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)  
AEGON USA, LLC PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lance Lance R Larsen

Mailing Address 2150 Glen Oaks Drive

City State Zip Code  
Coralville IA 52241

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

Name of Employer  
Transamerica Life Insurance Co

Occupation  
Annuity Product VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1160.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** PR22364942901

Amount of Each Receipt this Period  
58.00

P/R Deduction (\$58.00 Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Angela Angela M Charipar

Mailing Address 2021 5th Ave SE

City State Zip Code  
Cedar Rapids IA 52403

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

Name of Employer  
Transamerica Life Insurance Co

Occupation  
Grassroots & PAC Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
870.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

**Transaction ID:** PR24067422901

Amount of Each Receipt this Period  
58.00

P/R Deduction (\$58.00 Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>116.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4527.50</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AEGON USA, LLC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harris for Congress</p> <p>Mailing Address P.O. Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement R-MD-01, Event 10/15/08</p> <p>Candidate Name Andy Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4733841 <b>Date of Disbursement</b> 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>R-MD-01, Event 10/15/08</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Caves Valley Golf Club</p> <p>Mailing Address 2910 Blendon Road</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Dinner 9/28/08</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4747562 <b>Date of Disbursement</b> 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 4997.51</p> <p>011 Category/ Type</p> <p>Dinner 9/28/08</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 10 G Street, NE Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement D-VA (Candidate), Event 10/21/08</p> <p>Candidate Name Mark Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4752124 <b>Date of Disbursement</b> 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>D-VA (Candidate), Event 10/21/08</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7997.51
<b>TOTAL</b> This Period (last page this line number only) .....	7997.51