

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 04 15 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		58032.39
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	29947.24									
(c) Total Receipts (from Line 19)	52402.00	92573.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	82349.24	150606.21								
7. Total Disbursements (from Line 31)	51044.26	119301.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31304.98	31304.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9388.40	19374.32
(i) Itemized (use Schedule A)		
(ii) Unitemized	1513.60	6699.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10902.00	26073.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	41500.00	66500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52402.00	92573.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52402.00	92573.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52402.00	92573.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50044.26	118301.23
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
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))..	51044.26	119301.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51044.26	119301.23

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52402.00	92573.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52402.00	92573.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

A.

Full Name (Last, First, Middle Initial)
PrinPAC

Mailing Address 711 High Street

City State Zip Code
Des Moines IA 50392

FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2009

Transaction ID: 28639354

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
CUNA Mutual PAC

Mailing Address P.O. Box 747

City State Zip Code
Madison WI 53701

FEC ID number of contributing federal political committee. **C** C00402107

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 28676049

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Hartford Advocates Fund

Mailing Address Hartford Plaza

City State Zip Code
Hartford CT 06115

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 28680133

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance PAC

Mailing Address 175 Berkeley Street

City State Zip Code
Boston MA 02117

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2009

Transaction ID: 28901164

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Pacific Life PAC

Mailing Address 700 Newport Center Drive

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2009

Transaction ID: 29186972

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Mutual of Omaha Companies PAC

Mailing Address Mutual of Omaha Plaza

City State Zip Code
Omaha NE 68175

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2009

Transaction ID: 29192819

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ▶

15000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
AXA Equitable PAC

Mailing Address c/o AXA Equitable Life Assurance S
1290 Avenue of the Americas

City State Zip Code
New York NY 10104

FEC ID number of contributing federal political committee. **C** C00161901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 29307385

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Thrivent Financial PAC

Mailing Address P.O. Box 1892

City State Zip Code
Appleton WI 54912

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 29307386

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life Ins. Co PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 29307387

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	41500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. John R. Strangfeld

Mailing Address 751 Broad Street
24th Floor

City State Zip Code
Newark NJ 07102-3714

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

Name of Employer Prudential Insurance Company of America
Occupation Chairman & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: 28805703

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Kenneth Shields

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Vice President, Publishing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 29025224

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Senior Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: PR1120489716523

Amount of Each Receipt this Period
96.00

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

SUBTOTAL of Receipts This Page (optional) ► **5396.00**

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 10 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation CFO

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

Date of Receipt 03 / 31 / 2009
Transaction ID: PR1156427116523
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

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

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

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1046.88

Date of Receipt 03 / 31 / 2009
Transaction ID: PR1550105916523
Amount of Each Receipt this Period 348.96
P/R Deduction (\$174.48 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Counsel

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

Date of Receipt 03 / 31 / 2009
Transaction ID: PR1554864816523
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **548.96**

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 11 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771358216523
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 291.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$145.83 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 874.98	

B.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771362416523
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 101.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.83 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.99	

C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771362816523
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	493.32
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 784.37

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771373216523
Amount of Each Receipt this Period 261.46
P/R Deduction (\$130.73 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 397.01

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771374016523
Amount of Each Receipt this Period 132.34
P/R Deduction (\$66.17 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771377116523
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 593.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32
(check only one)

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

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

A.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1406.27

Date of Receipt 03 / 31 / 2009

Transaction ID: PR771395116523

Amount of Each Receipt this Period 468.76

P/R Deduction (\$234.38 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 372.22

Date of Receipt 03 / 31 / 2009

Transaction ID: PR771419316523

Amount of Each Receipt this Period 177.26

P/R Deduction (\$88.63 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Frank Keating

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2009

Transaction ID: PR771419716523

Amount of Each Receipt this Period 416.66

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

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771419816523
Amount of Each Receipt this Period 416.66
P/R Deduction (\$208.33 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Brenda Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

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

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771419916523
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel & Director, Southern Re

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

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771421016523
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32
(check only one)

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

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Associate General Counsel, Litigation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771423216523

Amount of Each Receipt this Period 80.00

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Legislative Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.27

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771428716523

Amount of Each Receipt this Period 121.76

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.14

Date of Receipt 03 / 31 / 2009
Transaction ID: PR771428816523

Amount of Each Receipt this Period 131.04

P/R Deduction (\$65.52 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 332.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer American Council of Life Insurers		Occupation Sr. Vice President and Corp Sec.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="587.51"/>	Transaction ID: PR771428916523
			Amount of Each Receipt this Period <input type="text" value="195.84"/>
			P/R Deduction (\$97.92 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer American Council of Life Insurers		Occupation Vice President, Federal Relations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="445.01"/>	Transaction ID: PR805149116523
			Amount of Each Receipt this Period <input type="text" value="148.34"/>
			P/R Deduction (\$74.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="344.18"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9388.40"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Rep. Bill Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866971</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.88</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.88</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Mr. Alan Grayson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866972</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.88</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.88</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Mr. Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866981</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.88</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.88</p>

SUBTOTAL of Disbursements This Page (optional) ▶

473.64

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Mary Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866982</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.89</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.89</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866983</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.89</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.89</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress</p> <p>Candidate Name Mr. Daniel Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866984</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 157.89</p> <p>Portion of in-kind for catering for 2/24/09 meet and greet for 6 Members of Congress: \$157.89</p>

SUBTOTAL of Disbursements This Page (optional)	473.67
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: <input type="text" value="\$207.99"/></p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28866985</p> <p>Date of Disbursement <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="207.99"/></p> <p>Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: \$207.99</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: <input type="text" value="\$207.99"/></p> <p>Candidate Name Rep. Brian Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867002</p> <p>Date of Disbursement <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="207.99"/></p> <p>Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: \$207.99</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: <input type="text" value="\$207.99"/></p> <p>Candidate Name Rep. Linda Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867003</p> <p>Date of Disbursement <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="207.99"/></p> <p>Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: \$207.99</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: \$208.00</p> <p>Candidate Name Rep. John Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867004 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 208.00</p> <p>Portion of in-kind for catering for 3/4/09 meet and greet for 4 Members of Congress: \$208.00</p>
<p>B. Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867005 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.50</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p>
<p>C. Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867006 Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.50</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

519.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p> <p>Candidate Name Mr. Travis Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867007</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.50</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p> <p>Candidate Name Mr. Steven Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867008</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.50</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p> <p>Candidate Name Mr. Walter C. Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867009</p> <p>Date of Disbursement 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.50</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.50</p>

SUBTOTAL of Disbursements This Page (optional)	466.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Windows Catering Company</p> <p>Mailing Address 5724 General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.51</p> <p>Candidate Name Mr. Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28867010 Date of Disbursement: 03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 155.51</p> <p>Portion of in-kind for catering for 3/5/09 meet and greet for 6 Members of Congress: \$155.51</p>
<p>B. Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$207.99</p> <p>Candidate Name Ginny Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29069520 Date of Disbursement: 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 207.99</p> <p>Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$207.99</p>
<p>C. Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$207.99</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29069642 Date of Disbursement: 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 207.99</p> <p>Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$207.99</p>

SUBTOTAL of Disbursements This Page (optional) ▶

571.49

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Corner Bakery <hr/> Mailing Address 529 14th Street, NW Suite F11 <hr/> City Washington State DC Zip Code 20045 <hr/> Purpose of Disbursement Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress Candidate Name Rep. Geoffrey Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29070486 Date of Disbursement 03 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 207.99 <hr/> Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$207.99	\$207.99 Category/ Type
B.	Full Name (Last, First, Middle Initial) Corner Bakery <hr/> Mailing Address 529 14th Street, NW Suite F11 <hr/> City Washington State DC Zip Code 20045 <hr/> Purpose of Disbursement Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress Candidate Name Rep. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29070616 Date of Disbursement 03 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 208.00 <hr/> Portion of in-kind for catering for 3/19/09 meet and greet for 4 Members of Congress: \$208.00	\$208.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Moore for Congress <hr/> Mailing Address PO Box 14631 <hr/> City Shawnee Mission State KS Zip Code 66285 <hr/> Purpose of Disbursement Candidate Name Dennis Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29166525 Date of Disbursement 03 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type	1000.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1415.99

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC	Transaction ID: 29166761 Date of Disbursement
	Mailing Address 227 Massachusetts Ave NE Suite 201	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 29166930 Date of Disbursement
	Mailing Address 227 Massachusetts Ave, NE Suite 101	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Christopher Dodd	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Campbell For Congress	Transaction ID: 29167363 Date of Disbursement
	Mailing Address 4590 Macarthur Blvd. Suite 500	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Irvine State CA Zip Code 92660	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. John Campbell	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 110 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Carolyn Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14</p>	<p>Transaction ID: 29168170 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) McCarthy For Congress</p> <p>Mailing Address 209 Pennsylvania Ave, SE Suite 229D</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 22</p>	<p>Transaction ID: 29169020 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01</p>	<p>Transaction ID: 29169295 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
1500.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: 29169604 Date of Disbursement
	Mailing Address P.O. Box 87	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Jim Gerlach	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski	Transaction ID: 29170079 Date of Disbursement
	Mailing Address 103 South Hannover Street	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3500.00"/>
	Candidate Name Paul Kanjorski	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Bean For Congress	Transaction ID: 29170441 Date of Disbursement
	Mailing Address Post Office Box 3068	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Barrington State IL Zip Code 60010	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Melissa Bean	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Shelby for US Senate Mailing Address P.O. Box 1091 City Tuscaloosa State AL Zip Code 35401 Purpose of Disbursement 011 Candidate Name Richard Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: 29172120 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Paul Ryan for Congress Mailing Address 29 West Milwaukee Street Suite 201 City Janesville State WI Zip Code 53545 Purpose of Disbursement 011 Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: 29175965 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Larson for Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement 011 Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 29176200 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">7000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 111 C Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name The Freedom Project</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 29179359 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 325 7th Street, NW Suite 610</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Republican Main Street Partnership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 29180327 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Menendez For Senate</p> <p>Mailing Address P.O. Box 848</p> <p>City Union City State NJ Zip Code 07087</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District:</p>	<p>Transaction ID: 29180575 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citizens for Bunning Mailing Address 1717 Dixie Highway Suite 180 City Ft Wright State KY Zip Code 41011 Purpose of Disbursement 011 Candidate Name Jim Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District:	Transaction ID: 29181876 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) DCCC Mailing Address 430 South Capitol Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29197266 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) DSCC Mailing Address 120 Maryland Avenue, NE City Washington State DC Zip Code 20006 Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29197267 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">6000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 32

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

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

A.	Full Name (Last, First, Middle Initial) NRCC	Transaction ID: 29197268 Date of Disbursement 03 / 26 / 2009
	Mailing Address 320 First Street, SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NRSC	Transaction ID: 29197269 Date of Disbursement 03 / 26 / 2009
	Mailing Address 425 2nd Street, NE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	50044.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

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

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

A.

Full Name (Last, First, Middle Initial)
Vermont Democratic House Campaign

Mailing Address P.O. Box 1058

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 28942207

Date of Disbursement

03 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00