

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 04 30 2010

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

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 05 12 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 73931.75 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 20863.16 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 48099.31 | 120531.22 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 68962.47 | 194462.97 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 30500.00 | 156000.50 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 38462.47 | 38462.47 | | | | | | | | |
| 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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 11315.52 | 22583.74 |
| (ii) Unitemized | 5283.79 | 14847.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 16599.31 | 37431.22 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 31500.00 | 81500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 48099.31 | 118931.22 |
| 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 | 1600.00 |
| 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)) | 48099.31 | 120531.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 48099.31 | 120531.22 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 30500.00 | 150600.50 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 5400.00 |
| 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)).. | 30500.00 | 156000.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 30500.00 | 156000.50 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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 | 48099.31 | 118931.22 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 48099.31 | 118931.22 |
| 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 / 27
(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. Gary Scofield

Mailing Address 45 Blyndenburgh Lane

City State Zip Code
Stony Brook NY 11790-2123

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

Name of Employer Security Mutual Life Insurance Company Occupation Exec. Vice President & Corp. Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 34327781

Amount of Each Receipt this Period
500.00

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

Mailing Address 605 Fox Glen Drive

City State Zip Code
Saint Charles IL 60174-8807

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

Name of Employer MTL Insurance Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: 34346152

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Mr. Bruce W. Boyea

Mailing Address 15 Campbell Road Court

City State Zip Code
Binghamton NY 13905-4301

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

Name of Employer Security Mutual Life Insurance Company Occupation Chairman, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 34346232

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 7 / 27 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mr. James J. Kerwin | Date of Receipt MM / DD / YYYY 04 / 12 / 2010 |
| | Mailing Address One Friends Way | Transaction ID: 34346251 |
| | City State Zip Code Saint James NY 11780-1333 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Security Mutual Life Insurance Company | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Thomas E. Henning, CLU | Date of Receipt MM / DD / YYYY 04 / 13 / 2010 |
| | Mailing Address 200 Centennial Mall North | Transaction ID: 34353263 |
| | City State Zip Code Lincoln NE 68508-1618 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Assurity Security Group, Inc. | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Howell M. Palmer | Date of Receipt MM / DD / YYYY 04 / 12 / 2010 |
| | Mailing Address P.O. Box 1625 | Transaction ID: 34353311 |
| | City State Zip Code Binghamton NY 13902-1625 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Security Mutual Life Insurance Company | Occupation Executive Vice President & COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 27 |
| | <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) Geri Gaughan | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 | | |
| | Mailing Address 2001 Grove Street | | Transaction ID: 34411850 | | |
| | City Glenview | State IL | Zip Code 60025-2817 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer MTL Insurance Company | Occupation General Counsel | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|--|--|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Delores J. Biegun | | Date of Receipt MM / DD / YYYY 04 / 20 / 2010 | | |
| | Mailing Address 6309 Snead Court | | Transaction ID: 34538933 | | |
| | City Woodridge | State IL | Zip Code 60517-1488 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer MTL Insurance Company | Occupation Vice President, Information Services | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|---|--|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Leah J. Walters | | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 | | |
| | Mailing Address 101 Consitution Ave, NW Suite 700 | | Transaction ID: 34559342 | | |
| | City Washington | State DC | Zip Code 20001-2133 | Amount of Each Receipt this Period 300.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer American Council of Life Insurers | Occupation Regional Vice President, State Relatio | | | |
| 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) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 27
(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. Ross L. Sargent

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 Counsel, State Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR1120489719159

Amount of Each Receipt this Period 99.00

P/R Deduction (\$49.50 Semi-Monthly)

B.

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 SVP, Administration & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR1156427119159

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

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

Name of Employer VantisLife Insurance Company Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 279.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR1503560119159

Amount of Each Receipt this Period 93.00

P/R Deduction (\$31.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 292.00

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 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mr. 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 ▼ 1437.52

Date of Receipt 04 / 30 / 2010

Transaction ID: PR1550105919159

Amount of Each Receipt this Period 359.38

P/R Deduction (\$179.69 Semi-Monthly)

B. 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 Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2010

Transaction ID: PR1554864819159

Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Stephanie Baker

Mailing Address 6652 Loch Hill Road

City Baltimore State MD Zip Code 21239-1644

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

Name of Employer Baltimore Life Insurance Company Occupation Assoc. Vice President, New Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt 04 / 30 / 2010

Transaction ID: PR1719284419159

Amount of Each Receipt this Period 112.50

P/R Deduction (\$37.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 571.88

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 / 27 |
| | <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. Kathleen F. Kiernan-Pagani | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0 |
| | Mailing Address 101 Constitution Ave, NW Suite 700 | Transaction ID: PR1728112719159 |
| | City Washington State DC Zip Code 20001-2140 | Amount of Each Receipt this Period 60.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$30.00 Semi-Monthly) |
| | Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. Michael A. Bell | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0 |
| | Mailing Address 101 Constitution Ave, NW Suite 700 | Transaction ID: PR1767862419159 |
| | City Washington State DC Zip Code 20001-2133 | Amount of Each Receipt this Period 158.34 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$79.17 Semi-Monthly) |
| | Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes and Retirement S Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.85 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 1 0 |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | Transaction ID: PR771358219159 |
| | City Washington State DC Zip Code 20001-2133 | Amount of Each Receipt this Period 300.42 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$150.21 Semi-Monthly) |
| | Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1201.67 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 518.76 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27
(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. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.32

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771362419159
Amount of Each Receipt this Period 104.58
P/R Deduction (\$52.29 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John F. Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771365419159
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice Pres., Legislative & Regulatory I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771369019159
Amount of Each Receipt this Period 57.00
P/R Deduction (\$28.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 221.58

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 / 27
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 1087.52

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771373219159
Amount of Each Receipt this Period 271.88
P/R Deduction (\$135.94 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman

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 Sr. Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.72

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771373519159
Amount of Each Receipt this Period 55.72
P/R Deduction (\$27.86 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771374019159
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **477.60**

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 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771376019159
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771377119159
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771395119159
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 676.66

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 / 27
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 729.04

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771419319159
Amount of Each Receipt this Period 182.26
P/R Deduction (\$91.13 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771419719159
Amount of Each Receipt this Period 416.66
P/R Deduction (\$208.33 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771419919159
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **748.92**

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 / 27
(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. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771421019159

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Ms. Katherine C. Smith

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.52

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771422919159

Amount of Each Receipt this Period 67.38

P/R Deduction (\$33.69 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 30 / 2010
Transaction ID: PR771423219159

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ► 247.38

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 17 / 27
(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 P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 506.65

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

Transaction ID: PR771428719159

Amount of Each Receipt this Period 126.66

P/R Deduction (\$63.33 Semi-Monthly)

B.

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 ▼ 540.00

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

Transaction ID: PR771428819159

Amount of Each Receipt this Period 135.00

P/R Deduction (\$67.50 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 978.65

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

Transaction ID: PR771428919159

Amount of Each Receipt this Period 244.66

P/R Deduction (\$122.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **506.32**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 27 |
| | (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. Alane R. Dent | | Date of Receipt MM / DD / YYYY 04 / 30 / 2010 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID: PR771444319159 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 60.66 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Federal Relations | P/R Deduction (\$30.33 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 242.65 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Mr. Maurice Perkins | | Date of Receipt MM / DD / YYYY 04 / 30 / 2010 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID: PR805149119159 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 193.76 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Federal Relations | P/R Deduction (\$96.88 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 775.03 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 254.42 |
| TOTAL This Period (last page this line number only) | 11315.52 |

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

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

FOR LINE NUMBER: PAGE 19 / 27

(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)
Penn Mutual PAC

Mailing Address 600 Dresher Road

City State Zip Code
Horsham PA 19044-2204

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 34346058

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
American Fidelity Corporation PAC

Mailing Address P.O. Box 25523

City State Zip Code
Oklahoma City OK 73125

FEC ID number of contributing federal political committee. **C** C00210526

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 34346134

Amount of Each Receipt this Period

5000.00

C.

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

Mailing Address 7 Hanover Square

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** C00173393

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 34411700

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 20 / 27

(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)

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
0 4 / 2 2 / 2 0 1 0

Transaction ID: 34538930

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

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

Transaction ID: 34538931

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

MetLife, Inc. Employee's Participation Fund A

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

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: 34538932

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 21 / 27
(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)
USAA Employee PAC

Mailing Address USAA Building D3W
9800 Fredericksburg Road

City State Zip Code
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 8 / 2 0 1 0

Transaction ID: 34558715

Amount of Each Receipt this Period
5000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 31500.00 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Gwen Moore For Congress | Transaction ID: 34538913 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address PO Box 16646 | Amount of Each Disbursement this Period 1000.00 |
| | City Milwaukee State WI Zip Code 53216 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Gwen Moore | |
| | 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: 04 | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Dave Camp for Congress | Transaction ID: 34538914 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address P.O. Box 423 | Amount of Each Disbursement this Period 5000.00 |
| | City Midland State MI Zip Code 48640 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Dave Camp | |
| | 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: MI District: 04 | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) The Reed Committee | Transaction ID: 34538915 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 303 Massachusetts Ave, NE | Amount of Each Disbursement this Period 1000.00 |
| | City Washington State DC Zip Code 20002 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Jack Reed | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: RI District: | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7000.00 |
| 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) Lucas for Congress Mailing Address Post Office Box 1726 Post Office Box 1726 City Oklahoma City State OK Zip Code 73101 Purpose of Disbursement Candidate Name Frank Lucas 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: OK District: 03 | Transaction ID: 34538916 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period 1000.00 |
| B. | Full Name (Last, First, Middle Initial) Bachus for Congress Mailing Address P O Box 59444 City Birmingham State AL Zip Code 35259 Purpose of Disbursement Candidate Name Spencer Bachus Office Sought: <input checked="" type="checkbox"/> House <input 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: 06 | Transaction ID: 34538917 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period 2500.00 |
| C. | Full Name (Last, First, Middle Initial) Bob Corker For Senate Mailing Address PO Box 848 City Chattanooga State TN Zip Code 37401 Purpose of Disbursement Debt Retirement-2006 General Election Candidate Name Sen. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: General Debt 2006 | Transaction ID: 34538918 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 | Amount of Each Disbursement this Period 2000.00 Debt Retirement-2006 General Election |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| 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) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214 Purpose of Disbursement 011 Candidate Name Mr. Daniel Maffei 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: 25 | Transaction ID: 34538919 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 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) Kay Hagan For Us Senate Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement 011 Candidate Name Kay Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: | Transaction ID: 34538920 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> |
| C. | Full Name (Last, First, Middle Initial) Levin For Congress Mailing Address P.O. Box 37 City Roseville State MI Zip Code 48066 Purpose of Disbursement 011 Candidate Name Rep. Sander Levin 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: MI District: 12 | Transaction ID: 34538921 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 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;">4500.00</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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Boswell For Congress</p> <p>Mailing Address 301 4th Street, NE Suite 202</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Leonard Boswell</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) ▼</p> <p>State: IA District: 03</p> | <p>Transaction ID: 34538922 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Edwin Perlmutter</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) ▼</p> <p>State: CO District: 07</p> | <p>Transaction ID: 34538923 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address PO Box 841</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. John Thune</p> <p>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) ▼</p> <p>State: SD District:</p> | <p>Transaction ID: 34538924 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">2500.00</td></tr></table> | 2500.00 |
| 2500.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table> | |
| | | |

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) Rob Portman for US Senate | Transaction ID: 34538925 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 900 19th Street, NW 8th Floor | Amount of Each Disbursement this Period 1000.00 |
| | City Washington State DC Zip Code 20006 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Mr. Rob Portman | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DCCC | Transaction ID: 34538926 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 430 South Capitol 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) DSCC | Transaction ID: 34538927 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 120 Maryland Avenue, NE | Amount of Each Disbursement this Period 2500.00 |
| | City Washington State DC Zip Code 20006 | |
| | 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) ▼ |

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|--|---------|
| 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)

PAGE 27 / 27

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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: 34538928 |
| | Mailing Address 320 First Street, SE | Date of Disbursement MM / DD / YYYY 04 / 22 / 2010 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 2500.00 |
| | 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: 34538929 |
| | Mailing Address 425 2nd Street, NE | Date of Disbursement MM / DD / YYYY 04 / 22 / 2010 |
| | City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 2500.00 |
| | 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) ►

30500.00