

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 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 09 15 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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

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	45061.72									
(c) Total Receipts (from Line 19)	21176.84	238857.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66238.56	312789.06								
7. Total Disbursements (from Line 31)	11250.00	257800.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54988.56	54988.56								
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:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	10361.10	59013.10
(ii) Unitemized	1815.74	24744.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12176.84	83757.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9000.00	153500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21176.84	237257.31
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))	21176.84	238857.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21176.84	238857.31

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.....	11000.00	243350.50
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.....	250.00	14450.00
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))..	11250.00	257800.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11250.00	257800.50

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)	21176.84	237257.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21176.84	237257.31
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 / 30
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. Peter S. Tillson

Mailing Address 79 Briarcliff Road

City State Zip Code
Brockton MA 02301-3009

FEC ID number of contributing federal political committee. C

Name of Employer
Boston Mutual Life Insurance Company

Occupation
Vice President, Worksite Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 02 / 2010

Transaction ID: 36059935

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Mr Jerry D Davis

Mailing Address 7224 Massey Road

City State Zip Code
Granbury TX 76049-2230

FEC ID number of contributing federal political committee. C

Name of Employer
National Farm Life Insurance

Occupation
President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 02 / 2010

Transaction ID: 36060106

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Mark Bigsby

Mailing Address 1027 Belmont Drive

City State Zip Code
Kennedale TX 76060-5617

FEC ID number of contributing federal political committee. C

Name of Employer
National Farm Life Insurance

Occupation
Senior Vice President & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 02 / 2010

Transaction ID: 36060177

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) 1600.00

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 / 30
	<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. Cary Wright		Date of Receipt	
	Mailing Address 3323 Shellbrook Cr		M M / D D / Y Y Y Y Y 08 / 02 / 2010	
	City	State	Zip Code	Transaction ID: 36060231
	Arlington	TX	76016-2064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		300.00
Name of Employer National Farm Life Insurance		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

B.	Full Name (Last, First, Middle Initial) Mr Richard R Jernigan		Date of Receipt	
	Mailing Address 6921 CR 204		M M / D D / Y Y Y Y Y 08 / 02 / 2010	
	City	State	Zip Code	Transaction ID: 36060331
	Grandview	TX	76050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
Name of Employer National Farm Life Insurance		Occupation Senior Vice President, Administration		
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. Linda M. Izzo		Date of Receipt	
	Mailing Address 40 Gloria Drive		M M / D D / Y Y Y Y Y 08 / 06 / 2010	
	City	State	Zip Code	Transaction ID: 36085241
	Bridgewater	MA	02324-2100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		300.00
Name of Employer Boston Mutual Life Insurance Company		Occupation Vice President, Client Services		
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)	▶	850.00
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 / 30
(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)
James G. Lewis

Mailing Address 4608 Driftwood

City State Zip Code
Frisco TX 75034-5132

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

Name of Employer: Central Security Life Insurance Company
Occupation: Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 08 / 10 / 2010
Transaction ID: 36319389
 Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Eric J. Bernazzani

Mailing Address 215 Shaw Ave

City State Zip Code
Abington MA 02351-1624

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

Name of Employer: Boston Mutual Life Insurance Company
Occupation: CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 10 / 2010
Transaction ID: 36319442
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul A. Quaranto, Jr.

Mailing Address 3 Musket Way

City State Zip Code
Franklin MA 02038-3627

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

Name of Employer: Boston Mutual Life Insurance Company
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 18 / 2010
Transaction ID: 36381283
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 / 30
(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. Walter J. Gorski

Mailing Address P.O. Box 1440

City State Zip Code
East Orleans MA 02643-1440

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

Name of Employer Boston Mutual Life Insurance Company
Occupation Vice President, General Counsel & Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	0

Transaction ID: 36397140

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sidney L. Harp, II

Mailing Address P.O. Box 1383

City State Zip Code
Donaldsonville LA 70346-1383

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

Name of Employer CICA Life Insurance Company of America
Occupation Vice President, Home Service Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: 36528181

Amount of Each Receipt this Period
600.00

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, State Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
792.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR1120489719930

Amount of Each Receipt this Period
99.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **949.00**

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 / 30
(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. 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 ▼ 800.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1156427119930

Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

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

Name of Employer Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1503559919930

Amount of Each Receipt this Period 24.00

P/R Deduction (\$12.00 Bi-Weekly)

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 Vantis Life Insurance Company Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1503560119930

Amount of Each Receipt this Period 62.00

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

SUBTOTAL of Receipts This Page (optional) ► 186.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 30
(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. Walter C. Welsh

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

City State Zip Code
Washington DC 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 ▼ 2875.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: PR1550105919930

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 State Zip Code
Washington DC 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 ▼ 680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: PR1554864819930

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Gail Steinberg

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2140

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

Name of Employer American Council of Life Insurers
Occupation Legislative Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: PR1565786719930

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **439.38**

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 12 / 30
(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)
Ms. Shannon N. Salinas

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, Taxes & Retirement Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1647849719930

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

B.

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 ▼ 637.50

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1719284419930

Amount of Each Receipt this Period 75.00

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

C.

Full Name (Last, First, Middle Initial)
Ms. Kathleen F. Kiernan-Pagani

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 831.68

Date of Receipt 08 / 31 / 2010
Transaction ID: PR1728112719930

Amount of Each Receipt this Period 147.92

P/R Deduction (\$73.96 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **262.92**

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 13 / 30
(check only one)

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

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

A.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City 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 & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.60

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: PR1821819619930

Amount of Each Receipt this Period
182.30

P/R Deduction (\$91.15 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, 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 Executive Vice President & General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2403.35

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: PR771358219930

Amount of Each Receipt this Period
300.42

P/R Deduction (\$150.21 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, 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, Conference Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
836.64

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2010

Transaction ID: PR771362419930

Amount of Each Receipt this Period
104.58

P/R Deduction (\$52.29 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **587.30**

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 / 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mr. John 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 ▼ 480.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771365419930
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Semi-Monthly)

B. 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 ▼ 456.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771369019930
 Amount of Each Receipt this Period 57.00
 P/R Deduction (\$28.50 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2181.80

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771373219930
 Amount of Each Receipt this Period 278.64
 P/R Deduction (\$139.32 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 395.64

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 / 30
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 441.60

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771373519930
Amount of Each Receipt this Period 55.72
P/R Deduction (\$27.86 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 Vice President & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771374019930
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. James D. Hall

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 ▼ 240.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771374319930
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 235.72

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 / 30

(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. David R. Wentworth

Mailing Address 101 Constitution Avenue, 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, Research

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771376019930

Amount of Each Receipt this Period
60.00

P/R Deduction (\$30.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, 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 Regional Vice President, State Relatio

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 394.71

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771376819930

Amount of Each Receipt this Period
49.34

P/R Deduction (\$24.67 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771377119930

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)

309.34

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 / 30

(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 O. Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 3333.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771395119930

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, 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, Federal Relations

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1458.08

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771419319930

Amount of Each Receipt this Period

182.26

P/R Deduction (\$91.13 Sem-
i-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, 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 President & CEO

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 3333.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: PR771419719930

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

1015.58

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 18 / 30
(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)
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 ▼ 1200.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771419919930
Amount of Each Receipt this Period 150.00
P/R Deduction (\$75.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Smith

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 Assistant

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771420019930
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771421019930
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 280.00

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 19 / 30
(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 Lovendusky

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR77142119930
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 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 ▼ 539.04

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771422919930
 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 ▼ 640.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771423219930
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 187.38

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 20 / 30
(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 ▼ 1013.29

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771428719930
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 ▼ 1080.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771428819930
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 ▼ 1957.29

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771428919930
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 21 / 30
(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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.29

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771444319930
Amount of Each Receipt this Period 60.66
P/R Deduction (\$30.33 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. T. Scott Dixon

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 Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771444919930
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Andrew Melnyk

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 Managing Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.81

Date of Receipt 08 / 31 / 2010
Transaction ID: PR771445819930
Amount of Each Receipt this Period 32.60
P/R Deduction (\$16.30 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 133.26

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

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

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

FOR LINE NUMBER: PAGE 22 / 30
(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)
Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue 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 Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR771449619930

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John K. Bruins

Mailing Address 101 Constitution Avenue 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 Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR771450119930

Amount of Each Receipt this Period
29.50

P/R Deduction (\$14.75 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Maurice Perkins

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 Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	0

Transaction ID: PR805149119930

Amount of Each Receipt this Period
193.76

P/R Deduction (\$96.88 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **273.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt		
	Mailing Address 101 Constitution Avenue, NW Suite 700		M M / D D / Y Y Y Y 08 / 31 / 2010		
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR904819519930	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00		
	Name of Employer American Council of Life Insurers		Occupation Counsel, Insurance Regulation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
P/R Deduction (\$25.00 Semi-Monthly)					

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	10361.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 30
(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)
Modern Woodmen of America PAC

Mailing Address 1701 First Avenue

City State Zip Code
Rock Island IL 61201

FEC ID number of contributing federal political committee. **C** C00184382

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 36381314

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
American Enterprise Mutual Holding Co. PAC

Mailing Address 601 6th Avenue

City State Zip Code
Des Moines IA 50334

FEC ID number of contributing federal political committee. **C** C00367524

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36393161

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Union Central Life Insurance Company PAC

Mailing Address 1876 Waycross Road

City State Zip Code
Cincinnati OH 45240

FEC ID number of contributing federal political committee. **C** C00179010

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 36393692

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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 25 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Ameritas Financial PAC

Mailing Address P.O. Box 81889

City State Zip Code
Lincoln NE 68501

FEC ID number of contributing federal political committee. **C** C00187138

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 36393695

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	9000.00

**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) Senate Majority Fund	Transaction ID: 36061030 Date of Disbursement 08 / 03 / 2010
	Mailing Address 507 Capitol Court, NE #100	Amount of Each Disbursement this Period 1000.00
	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) ▼

B.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 36062116 Date of Disbursement 08 / 03 / 2010
	Mailing Address P.O. Box 37	Amount of Each Disbursement this Period 1000.00
	City Roseville State MI Zip Code 48066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sander Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy	Transaction ID: 36062175 Date of Disbursement 08 / 03 / 2010
	Mailing Address 151 Linden Road	Amount of Each Disbursement this Period 1000.00
	City Mineola State NY Zip Code 11501	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Carolyn McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nelson 2012 Mailing Address PO Box 8666 City Omaha State NE Zip Code 68108 Purpose of Disbursement 011 Candidate Name Sen. Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: 36062217 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Minnick for Congress Mailing Address 8150 West Emerald Street Suite 170 City Boise State ID Zip Code 83704 Purpose of Disbursement 011 Candidate Name Mr. Walter C. Minnick 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: ID District: 01	Transaction ID: 36062747 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Friends of Roy Blunt Mailing Address 209 Pennsylvania Ave, SE City Washington State DC Zip Code 20003 Purpose of Disbursement 011 Candidate Name Rep. Roy Blunt 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: MO District:	Transaction ID: 36062769 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</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) 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) Bluegrass Committee Mailing Address 400 North Capitol Street NW Suite 585 City Washington State DC Zip Code 20001 Purpose of Disbursement 011 Candidate Name Bluegrass Committee 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: 36062829 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert Mailing Address P. O. Box 53322 City Bellevue State WA Zip Code 98015 Purpose of Disbursement 011 Candidate Name Rep. David Reichert 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: WA District: 08	Transaction ID: 36062866 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 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) Minnesota House DFL Caucus Mailing Address 255 East Plato Blvd City St. Paul State MN Zip Code 55107 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: 36063018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 0 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1250.00</div>

SUBTOTAL of Disbursements This Page (optional)	3750.00
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 29 / 30

<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)
Minnesota Senate Majority Caucus

Mailing Address PO Box 65337

City State Zip Code
St. Paul MN 55165

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 36063078

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

1100.00

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 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

<p>A. Full Name (Last, First, Middle Initial) Friends of Brian Dubie</p> <p>Mailing Address P.O. Box 133</p> <p>City Essex Junction State VT Zip Code 05453</p> <p>Purpose of Disbursement Brian Dubie, GOVERNOR VT</p> <p>Candidate Name Lt. Gov. Brian Dubie</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36062880 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Brian Dubie, GOVERNOR VT</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Brian Dubie</p> <p>Mailing Address P.O. Box 133</p> <p>City Essex Junction State VT Zip Code 05453</p> <p>Purpose of Disbursement Void - Check lost in mail</p> <p>Candidate Name Lt. Gov. Brian Dubie</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36062984 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Void - Check lost in mail</p>
<p>C. Full Name (Last, First, Middle Initial) Rick Thompson for West Virginia</p> <p>Mailing Address 4625 Route 152</p> <p>City Lavallette State WV Zip Code 25535</p> <p>Purpose of Disbursement Richard Thompson, STATE HOUSE 17th WV</p> <p>Candidate Name WV Del. Richard Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 17</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36063157 Date of Disbursement 08 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Richard Thompson, STATE HOUSE 17th WV</p>

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00