

# 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 Income Life Political Action Committee

ADDRESS (number and street) 3700 S. Stonebridge Drive  
 Check if different than previously reported. (ACC)  
McKinney TX 75070

2. **FEC IDENTIFICATION NUMBER** C00436899  
**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 12 01 2009 through 12 31 2009

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

Signature of Treasurer Electronically Filed by Mr. Jeremy Parten Date 01 11 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Income Life Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		21862.89
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	31706.16									
(c) Total Receipts (from Line 19) .....	2027.84	26316.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	33734.00	48179.00								
7. Total Disbursements (from Line 31) .....	500.00	14945.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33234.00	33234.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Income Life Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1991.34	22124.82
(ii) Unitemized .....	36.50	4191.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2027.84	26316.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2027.84	26316.11
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2027.84	26316.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2027.84	26316.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	14945.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	14945.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	14945.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	2027.84	26316.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2027.84	26316.11
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 / 13
(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 Income Life Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Linda Alleman		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 318 S Rita		<b>Transaction ID:</b> SA11AI.4858		
	City Waco	State TX	Zip Code 76705	Amount of Each Receipt this Period 26.48	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation Asst. Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.76			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Domenico Bertini		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 3194 Darlington Dr		<b>Transaction ID:</b> SA11AI.4860		
	City Oaks	State CA	Zip Code 91360	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation Director of Agent Retention			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Denise Bowyer		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 1840 Columbia Rd. NW #501		<b>Transaction ID:</b> SA11AI.4861		
	City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 140.48	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation Vice President Public Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1685.76			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>216.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(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 Income Life Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ms Diana Crosby</p> <p>Mailing Address 729 Ceder Rock PKWY</p> <p>City State Zip Code Waco TX 76712</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Sr. Vice President AA Adm &amp; Lead Dev</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1216.08</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 4 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.4862</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">101.34</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Robert Falvo</p> <p>Mailing Address 1705 Surrey LN</p> <p>City State Zip Code McKinney TX 75070</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Sr. Vice President Field Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1924.08</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 4 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.4864</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">160.34</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms Debra Gamble</p> <p>Mailing Address 708 Wheatland</p> <p>City State Zip Code McGregor TX 76657</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer American Income Life Occupation Senior VP- Agency</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1180.08</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 4 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.4865</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">98.34</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">360.02</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 13  
(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 Income Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
James Gentile, Jr.

Mailing Address 5600 Leven Ln

City State Zip Code  
McKinney TX 75070

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

Name of Employer American Income Life Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 743.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.4866

Amount of Each Receipt this Period  
87.50

**B.**

Full Name (Last, First, Middle Initial)  
Murray Horowitz

Mailing Address 1400 Richards Cir

City State Zip Code  
Alpharetta GA 30009

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

Name of Employer American Income Life Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.4867

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Victor Kamber

Mailing Address 4527 29th St NW

City State Zip Code  
Washington DC 20008

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

Name of Employer American Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

**Transaction ID:** SA11AI.4869

Amount of Each Receipt this Period  
183.32

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.82**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13

(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 Income Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kathlyn Lockhart

Mailing Address 6201 Bishop

City State Zip Code  
Waco TX 76710

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

Name of Employer American Income Life Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.60

Date of Receipt

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

Transaction ID: SA11AI.4870

Amount of Each Receipt this Period  
28.08

**B.**

Full Name (Last, First, Middle Initial)

Ms Pamela Miller

Mailing Address 3705 Castle Ave.

City State Zip Code  
Waco TX 76710

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

Name of Employer American Income Life Occupation Vice President Compliance

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

Date of Receipt

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

Transaction ID: SA11AI.4871

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Randall Mull

Mailing Address 5416 Edinburgh

City State Zip Code  
Waco TX 76710

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

Name of Employer American Income Life Occupation Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1690.08

Date of Receipt

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

Transaction ID: SA11AI.4872

Amount of Each Receipt this Period  
140.84

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

218.92

**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: (check only one)	PAGE 10 / 13
	<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 Income Life Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Jules Pagano		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 401 King Farm Blvd #302		<b>Transaction ID:</b> SA11AI.4874		
	City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Shashi Parekh		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 213 Stockmoore Rd		<b>Transaction ID:</b> SA11AI.4875		
	City Columbia	State SC	Zip Code 29212	Amount of Each Receipt this Period 76.58	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation Director of Market Expansion			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 918.96			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Gregory Sinner		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 11641 Frontier Dr.		<b>Transaction ID:</b> SA11AI.4877		
	City Frisco	State TX	Zip Code 75034	Amount of Each Receipt this Period 70.84	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer American Income Life	Occupation 75034			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.08			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>347.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 13  
(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 Income Life Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Roger Smith

Mailing Address 131 Danbury Ct.

City State Zip Code  
Lucas TX 75002-8475

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

Name of Employer Occupation  
American Income Life President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11AI.4887

Amount of Each Receipt this Period

217.20

**B.**

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

Mailing Address 1821 Woodbridge Dr.

City State Zip Code  
McKinney TX 75070

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

Name of Employer Occupation  
American Income Life Executive Vice President & CMO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400.00

Date of Receipt

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

Transaction ID: SA11AI.4878

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Larry Strong

Mailing Address 2222 Hwy 66 #5

City State Zip Code  
Estates Park CO 80517

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

Name of Employer Occupation  
American Income Life Insurance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: SA11AI.4880

Amount of Each Receipt this Period

100.00

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

517.20

**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 / 13  
(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 Income Life Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Donna Tucker		Date of Receipt																					
	Mailing Address 6319 May Dr.		<table border="1"> <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>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	4		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4881																				
Waco	TX	76710	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		20.00																					
Name of Employer American Income Life	Occupation Asst Vice President																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		240.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	20.00
<b>TOTAL</b> This Period (last page this line number only) .....	1991.34

**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 13 / 13

<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 Income Life Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Friends of Michael J Madigan

Transaction ID: SB23.4884  
Date of Disbursement

Mailing Address 1645 W jackson Blve  
Suite 600

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

City State Zip Code  
Chicato IL 60612

Amount of Each Disbursement this Period

500.00
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Purpose of Disbursement  
2009 Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

500.00
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TOTAL This Period (last page this line number only) ..... ►

500.00
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