

# 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 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. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 01 20 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 Council of Life Insurers 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		58032.39
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	70544.15									
(c) Total Receipts (from Line 19) .....	15987.60	320000.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86531.75	378032.98								
7. Total Disbursements (from Line 31) .....	12600.00	304101.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73931.75	73931.75								
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

Write or Type Committee Name

American Council of Life Insurers 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) .....	10429.22	103676.38
(ii) Unitemized .....	558.38	37324.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10987.60	141000.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	179000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15987.60	320000.59
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)) .....	15987.60	320000.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15987.60	320000.59

**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.....	11350.00	291151.23
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1250.00	12950.00
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))..	12600.00	304101.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12600.00	304101.23

**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) .....	15987.60	320000.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15987.60	320000.59
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 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael G. DeKoning

Mailing Address 3087 Watson's Bend

City State Zip Code  
Alpharetta GA 30004-8823

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

Name of Employer Occupation  
Munich American Reassurance Company President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

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

**Transaction ID:** 32673164

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dayton Molendorp

Mailing Address 6507 Castle Knoll CT.

City State Zip Code  
Indianapolis IN 46250-1439

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

Name of Employer Occupation  
OneAmerica President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

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

**Transaction ID:** 32684753

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eugene Choate

Mailing Address 4370 Peachtree Road, NE

City State Zip Code  
Atlanta GA 30319-3054

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

Name of Employer Occupation  
Bankers Fidelity Life Insurance Company President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** 32837975

Amount of Each Receipt this Period  
2000.00

**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: PAGE 7 / 31  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora</p> <p>Mailing Address 866 Crestgate Circle</p> <p>City State Zip Code Orlando FL 32819</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 Hannover Life Reassurance Company of A</p> <p>Occupation SVP &amp; Chief Actuary</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;">460.00</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 / 1 5 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 32837988</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p> <p>12/15/09 Hannover Life Re Payroll</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter R. Schaefer</p> <p>Mailing Address 800 North Magnolia Ave. Suite 1400</p> <p>City State Zip Code Orlando FL 32803-3280</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 Hannover Life Reassurance Company of A</p> <p>Occupation President &amp; Chief Executive Officer</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;">1520.00</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 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 32841109</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1520.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Donald L. Walker</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</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 Council of Life Insurers</p> <p>Occupation CFO</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;">1120.00</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 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 32841112</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1560.00</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: (check only one)	PAGE 8 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Morris Goff	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<b>Transaction ID:</b> 32841585
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1795.30	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alane R. Dent	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> 32841586
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.73	

<b>C.</b>	Full Name (Last, First, Middle Initial) T. Scott Dixon	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 101 Constitution Avenue NW Suite 700 West	<b>Transaction ID:</b> 32841587
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 445.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700 West	<b>Transaction ID:</b> 32851969
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 16.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Senior Vice President, Federal Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1588.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 866 Crestgate Circle	<b>Transaction ID:</b> 32852626
	City Orlanda State FL Zip Code 32819	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hannover Life Reassurance Company of A Occupation SVP & Chief Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR1120489718244
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 96.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Senior Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1152.00	P/R Deduction (\$48.00 Semi-Monthly)

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

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

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

FOR LINE NUMBER: PAGE 10 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1156427118244  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John J Patterson

Mailing Address 10075 Red Run Blvd

City Owings Mills State MD Zip Code 21117-4865

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

Name of Employer Baltimore Life Insurance Company Occupation Senior Vice President, Operations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 618.75

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1231727518244  
 Amount of Each Receipt this Period 137.50  
 P/R Deduction (\$10.58 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. W. Bryant Sadler

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 Staff Accountant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1415470218244  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 257.50

**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 / 31  
(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. Mandana Parsazad

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

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

Name of Employer American Council of Life Insurers Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481799818244  
 Amount of Each Receipt this Period: 20.00  
 P/R Deduction (\$10.00 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 VantisLife Insurance Company Occupation Senior Vice President, Sales & Marketi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1503559918244  
 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 VantisLife Insurance Company Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 713.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1503560118244  
 Amount of Each Receipt this Period: 62.00  
 P/R Deduction (\$31.00 Bi-Weekly)

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 31  
(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 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 ▼ 4187.52

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1550105918244  
Amount of Each Receipt this Period 348.96  
P/R Deduction (\$174.48 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 Counsel

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1554864818244  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Semi-Monthly)

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

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 Director, Federal Relations

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

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1565786718244  
Amount of Each Receipt this Period 40.00  
P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 488.96

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31

(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. Shannon N. Salinas

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 Occupation  
American Council of Life Insurers Counsel, Taxes & Retirement Security

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1647849718244

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 State Zip Code  
Baltimore MD 21239-1644

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR1719284418244

Amount of Each Receipt this Period  
75.00

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

**C.**

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 Occupation  
American Council of Life Insurers Executive Vice Pres & General Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3499.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: PR771358218244

Amount of Each Receipt this Period  
291.66

P/R Deduction (\$145.83 Semi-Monthly)

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

406.66

**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 14 / 31  
(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. Carl B. Wilkerson

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 Chief Counsel, Securities & Litigation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771358318244

Amount of Each Receipt this Period 17.00

P/R Deduction (\$8.50 Semi-Monthly)

**B.**

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 ▼ 1219.93

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771362418244

Amount of Each Receipt this Period 101.66

P/R Deduction (\$50.83 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Roberta B. Meyer

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 Assoc. General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771362718244

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 138.66

**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 / 31  
(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 ▼ 720.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771365418244  
 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 VP, Legislative & Regulatory Informati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 655.20

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771369018244  
 Amount of Each Receipt this Period 54.60  
 P/R Deduction (\$27.30 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 ▼ 3137.51

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771373218244  
 Amount of Each Receipt this Period 261.46  
 P/R Deduction (\$130.73 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **376.06**

**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 / 31  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771373518244		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 52.08	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$26.04 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Sr. Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 596.88			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. David M. Leifer		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771374018244		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$75.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1605.73			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. James D. Hall		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771374318244		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>232.08</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 17 / 31  
(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 ▼ 720.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771376018244  
 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 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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 567.60

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771376818244  
 Amount of Each Receipt this Period 47.30  
 P/R Deduction (\$23.65 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR771377118244  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 307.30

**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 18 / 31  
(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 Pearson

Mailing Address 10075 Red Run Boulevard

City Owings Mills State MD Zip Code 21117-4865

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

Name of Employer Baltimore Life Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR771402618244

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Olivia Gillis

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 Editor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR771408118244

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

**C.**

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 ▼ 1972.56

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR771419318244

Amount of Each Receipt this Period 177.26

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **397.26**

**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 19 / 31  
(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)  
Frank Keating

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771419718244  
Amount of Each Receipt this Period 416.66  
P/R Deduction (\$208.33 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1275.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771419918244  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$75.00 Semi-Monthly)

**C.** 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 ▼ 360.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771420018244  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 596.66

**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 20 / 31  
(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 Senior Counsel & Director, Southern Re

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR771421018244

Amount of Each Receipt this Period 100.00

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

**B.**

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 Assoc. General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR771421118244

Amount of Each Receipt this Period 40.00

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

**C.**

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 ▼ 778.56

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR771422918244

Amount of Each Receipt this Period 64.88

P/R Deduction (\$32.44 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 204.88

**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: PAGE 21 / 31  
(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. Jeffrey J. Janoska

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 Senior Policy Analyst

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.07

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771423118244  
Amount of Each Receipt this Period 18.34  
P/R Deduction (\$9.17 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771423218244  
Amount of Each Receipt this Period 80.00  
P/R Deduction (\$40.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nina Aponte

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 Staff Accountant

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

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771425318244  
Amount of Each Receipt this Period 20.00  
P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 118.34

**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 22 / 31  
(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. John P. Gerni

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.11

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771428718244  
Amount of Each Receipt this Period 121.76  
P/R Deduction (\$60.88 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 ▼ 1572.50

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771428818244  
Amount of Each Receipt this Period 131.04  
P/R Deduction (\$65.52 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
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 Sr. Vice President and Corp Sec.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2482.97

Date of Receipt 12 / 31 / 2009  
Transaction ID: PR771428918244  
Amount of Each Receipt this Period 222.42  
P/R Deduction (\$111.21 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.22**

**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 / 31  
(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) Miriam Krol		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771434018244
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer American Council of Life Insurers	Occupation Senior Director	P/R Deduction (\$10.00 Semi-Monthly)
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) Kynondo Lewis		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771439618244
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.58
Name of Employer American Council of Life Insurers	Occupation Senior Legal Editor	P/R Deduction (\$9.79 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.96	

**C.**

Full Name (Last, First, Middle Initial) Alane R. Dent		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771444318244
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 58.34
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$29.17 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 705.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	97.92
<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 24 / 31  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) T. Scott Dixon		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
	Mailing Address 101 Constitution Avenue NW Suite 700 West		<b>Transaction ID:</b> PR771444918244	
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Semi-Monthly)	
	Name of Employer American Council of Life Insurers		Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 485.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
	Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID:</b> PR771445818244	
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 31.26
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.63 Semi-Monthly)	
	Name of Employer American Council of Life Insurers		Occupation Director, Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.11		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Courtney English		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
	Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID:</b> PR771449418244	
	City Washington	State DC	Zip Code 20001-2140	Amount of Each Receipt this Period 16.38
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$16.38 Semi-Monthly)	
	Name of Employer American Council of Life Insurers		Occupation Director, Grassroots	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.23		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>87.64</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 25 / 31  
(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. Julie A. Spiezio		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID:</b> PR771449618244	
City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$25.00 Semi-Monthly)	
Name of Employer American Council of Life Insurers	Occupation Senior Vice President	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Mr. John K. Bruins		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID:</b> PR771450118244	
City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 28.50
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$14.25 Semi-Monthly)	
Name of Employer American Council of Life Insurers	Occupation Senior Actuary	Aggregate Year-to-Date 342.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**C.**

Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel		Date of Receipt MM / DD / YYYY 12 / 31 / 2009	
Mailing Address 7 Daydilly Court		<b>Transaction ID:</b> PR796887918244	
City Wilmington	State DE	Zip Code 19808-1951	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>118.50</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 26 / 31  
(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)  
Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City Lansdale State PA Zip Code 19446-1671

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

Name of Employer London Life Reinsurance Company  
Occupation President & CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.12

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR798114418244  
 Amount of Each Receipt this Period 77.16  
 P/R Deduction (\$38.58 Bi-Weekly)

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

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 ▼ 2095.25

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR805149118244  
 Amount of Each Receipt this Period 185.42  
 P/R Deduction (\$92.71 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Mehlman

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 Counsel, Insurance Regulation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR904819518244  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 312.58

**TOTAL** This Period (last page this line number only) ..... ► 10429.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 31
	(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) Swiss Re America Holding Corporation Political Action Committee		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 175 King Street		<b>Transaction ID:</b> 32673167
City Armonk	State NY	Zip Code 10504
FEC ID number of contributing federal political committee.	<b>C</b> C00462564	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) OneAmerica Financial Partners, Inc. PAC		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address One American Square P.O. Box 368		<b>Transaction ID:</b> 32684727
City Indianapolis	State IN	Zip Code 46206
FEC ID number of contributing federal political committee.	<b>C</b> C00143164	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Minnesota House DFL Caucus</p> <p>Mailing Address 255 East Plato Blvd</p> <p>City St. Paul State MN Zip Code 55107</p> <p>Purpose of Disbursement Contribution for FEC Account: C00361139</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32651201</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Contribution for FEC Account: C00361139</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Grassley Committee</p> <p>Mailing Address P.O. Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement</p> <p>Candidate Name Chuck Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32685131</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Christopher Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32685194</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

**3250.00**

**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 / 31

<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><b>A.</b> Full Name (Last, First, Middle Initial) McMahon For Congress</p> <p>Mailing Address 236 Massachusetts Ave, NE Suite 602</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Michael McMahon</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: NY District: 13</p>	<p><b>Transaction ID:</b> 32685248</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">1 2</span> / <span style="border: 1px solid black; padding: 2px;">1 5</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 9</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Charles Rangel</p> <p>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) ▼</p> <p>State: NY District: 15</p>	<p><b>Transaction ID:</b> 32685316</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">1 2</span> / <span style="border: 1px solid black; padding: 2px;">1 5</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 9</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Johnny Isakson</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: GA District:</p>	<p><b>Transaction ID:</b> 32685371</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">1 2</span> / <span style="border: 1px solid black; padding: 2px;">1 5</span> / <span style="border: 1px solid black; padding: 2px;">2 0 0 9</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">100.00</span></p>

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

3100.00

**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 30 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee <hr/> Mailing Address PO Box 36831 <hr/> City Charlotte State NC Zip Code 28236 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Melvin Watt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32685429 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Glacier PAC <hr/> Mailing Address c/o Elizabeth Kelley 7036 N Wall Ave <hr/> City Portland State OR Zip Code 97203 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32686395 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 4000.00
	011 Category/ Type

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

5000.00

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

11350.00

**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)

PAGE 31 / 31

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

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

**A.** Full Name (Last, First, Middle Initial)  
Wayne Stenehjem for Attorney General

Mailing Address P.O. Box 4151

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Wayne Stenehjem, ATTORNEY GENERAL ND

Candidate Name  
Mr. Wayne Stenehjem

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32651311

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

500.00

Wayne Stenehjem, ATTORNEY  
GENERAL ND

**B.** Full Name (Last, First, Middle Initial)  
North Dakota House Republican Caucus

Mailing Address 2548 Rose Creek Parkway South

City Fargo State ND Zip Code 58104

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32688849

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

750.00

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

1250.00

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

1250.00