

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 02 18 2011

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	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		73931.75
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	46467.17									
(c) Total Receipts (from Line 19) .....	15985.93	328671.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	62453.10	402603.60								
7. Total Disbursements (from Line 31) .....	3000.00	343150.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	59453.10	59453.10								
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 Council of Life Insurers Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12660.82	113597.36
(ii) Unitemized .....	825.11	34474.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13485.93	148071.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	179000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15985.93	327071.85
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1600.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15985.93	328671.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15985.93	328671.85

**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.....	3000.00	316350.50
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	26800.00
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))..	3000.00	343150.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	343150.50

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	15985.93	327071.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15985.93	327071.85
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: (check only one)	PAGE 6 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Brian Ellard		Date of Receipt	
	Mailing Address 4949 Keller Springs Road		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37767128
	Addison	TX	75001-5910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer National Teacher Associates Life Insur		Occupation Marketing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Betty Jo Ellard		Date of Receipt	
	Mailing Address 5641 Bent Tree Drive		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37767312
	Dallas	TX	75248-2011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer National Teacher Associates Life Insur		Occupation Member, Board of Directors		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Raymond J. Martin, Jr.		Date of Receipt	
	Mailing Address 4707 Myerwood Lane		M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 37767471
	Dallas	TX	75244-7728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		400.00	
Name of Employer National Teacher Associates Life Insur		Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<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: PAGE 7 / 29  
(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. Joe C. Ellard

Mailing Address 4949 Keller Springs Road

City Addison State TX Zip Code 75001-5910

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

Name of Employer National Teacher Associates Life Insur Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 23 / 2010  
**Transaction ID: 37767472**  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James T. Langham, Jr.

Mailing Address P.O. Box 802063

City Dallas State TX Zip Code 75380-2063

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

Name of Employer National Teacher Associates Life Insur Occupation Vice President & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 23 / 2010  
**Transaction ID: 37767548**  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susanne L. Downey

Mailing Address 3465 Deer Oak Circle

City Oviedo State FL Zip Code 32766-8111

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

Name of Employer Hannover Life Reassurance Company of A Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2010  
**Transaction ID: 37910674**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29  
(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. Maria C. Lauterette

Mailing Address 249 Summerwood Trail

City Maitland State FL Zip Code 32751-3431

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

Name of Employer: Hannover Life Reassurance Company of A  
Occupation: Vice President, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 16 / 2010  
Transaction ID: 38060017  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis J. Manning

Mailing Address 631 Long Ridge Road Unit 22

City Stamford State CT Zip Code 06902-1258

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

Name of Employer: Guardian Life Insurance Company of Ame  
Occupation: CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 23 / 2010  
Transaction ID: 38085376  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Meister

Mailing Address 842 Kirkland Ave

City Kirkland State WA Zip Code 98033-6318

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

Name of Employer: Symetra Financial Corporation  
Occupation: Exec. Vice President & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 30 / 2010  
Transaction ID: 38085472  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29  
(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. Peter R. Schaefer

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City Orlando State FL Zip Code 32803-3280

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

Name of Employer Hannover Life Reassurance Company of A Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2010  
**Transaction ID: 38217625**  
Amount of Each Receipt this Period 600.00

**B.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1188.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID: PR1120489721070**  
Amount of Each Receipt this Period 148.50  
P/R Deduction (\$52.03 Semi-Monthly)

**C.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation SVP, Administration & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID: PR1156427121070**  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **898.50**

**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 10 / 29

(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) Mr. John J Patterson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 10075 Red Run Blvd	<b>Transaction ID:</b> PR1231727521070
	City State Zip Code Owings Mills MD 21117-4865	Amount of Each Receipt this Period 31.74
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company	Occupation Senior Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.08	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. W. Bryant Sadler	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR1415470221070
	City State Zip Code Washington DC 20001-2140	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Staff Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Jean-Francois Poulin	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 527 Bookbinder Way	<b>Transaction ID:</b> PR1415829621070
	City State Zip Code Lansdale PA 19446-4056	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>211.74</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 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. 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 Senior Counsel, Taxes & Retirement Sec  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1481799821070  
Amount of Each Receipt this Period 30.00  
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 Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 324.00  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1503559921070  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter L. Tedone  
Mailing Address 32 Lincoln  
City Weatogue State CT Zip Code 06089-9780  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 789.72  
Date of Receipt 12 / 31 / 2010  
Transaction ID: PR1503560121070  
Amount of Each Receipt this Period 80.79  
P/R Deduction (\$26.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 155.79  
**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 / 29  
(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. 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 ▼ 4312.56

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1550105921070

Amount of Each Receipt this Period 539.07

P/R Deduction (\$189.79 Semi-Monthly)

**B.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1554864821070

Amount of Each Receipt this Period 60.00

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

**C.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City 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 Legislative Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1565786721070

Amount of Each Receipt this Period 60.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **659.07**

**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 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shannon N. Salinas

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1647849721070  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1423.36

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1728112721070  
 Amount of Each Receipt this Period 221.88  
 P/R Deduction (\$78.33 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edmund V. Mahoney

Mailing Address 20 Northgate

City Simsbury State CT Zip Code 06070-1021

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

Name of Employer Vantis Life Insurance Company Occupation Vice President, Investments

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2010  
**Transaction ID:** PR1729084721070  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 311.88

**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 14 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1093.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** PR1821819621070

Amount of Each Receipt this Period  
273.45

P/R Deduction (\$96.35 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3605.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** PR771358221070

Amount of Each Receipt this Period  
450.63

P/R Deduction (\$159.79 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl B. Wilkerson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation VP & Chief Counsel, Securities & Litig

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2010

**Transaction ID:** PR771358321070

Amount of Each Receipt this Period  
25.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **749.58**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 29  
(check only one)

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

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

**A.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1254.96

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771362421070  
Amount of Each Receipt this Period 156.87  
P/R Deduction (\$54.88 Semi-Monthly)

**B.**

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 Vice President & Associate General Cou

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771362721070  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Semi-Monthly)

**C.**

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 / 2010  
Transaction ID: PR771365421070  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$30.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 276.87

**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 / 29  
(check only one)

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

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

**A.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 684.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771369021070  
Amount of Each Receipt this Period 85.50  
P/R Deduction (\$30.75 Semi-Monthly)

**B.**

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 ▼ 3296.36

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771373221070  
Amount of Each Receipt this Period 417.96  
P/R Deduction (\$147.14 Semi-Monthly)

**C.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.48

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771373521070  
Amount of Each Receipt this Period 83.58  
P/R Deduction (\$29.66 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **587.04**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Mr. David M. Leifer		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771374021070
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 225.00
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Cou	P/R Deduction (\$80.17 Sem-i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

**B.**

Full Name (Last, First, Middle Initial) Mr. James D. Hall		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771374321070
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 45.00
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relatio	P/R Deduction (\$15.00 Sem-i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771376021070
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 90.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Research	P/R Deduction (\$30.00 Sem-i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</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 18 / 29  
(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. 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, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.07

Date of Receipt 12 / 31 / 2010

**Transaction ID:** PR771376821070

Amount of Each Receipt this Period 74.01

P/R Deduction (\$26.17 Semi-Monthly)

**B.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 31 / 2010

**Transaction ID:** PR771377121070

Amount of Each Receipt this Period 300.00

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

**C.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2010

**Transaction ID:** PR771395121070

Amount of Each Receipt this Period 624.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **999.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 29  
(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) Ms. Olivia Gillis		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771408121070		
	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 (\$10.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Assoc. Director, Legislative & Regulat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Maria Liwanag Palacios		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771408821070		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 27.36	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$9.84 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Managing Director, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.89			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Morris Goff		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771419321070		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 273.39	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$96.13 Semi-Monthly)		
	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 ▼ 2187.12			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.75</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

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(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. Frank A. Keating

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

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

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771419721070  
Amount of Each Receipt this Period 624.99  
P/R Deduction (\$208.33 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771419921070  
Amount of Each Receipt this Period 225.00  
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 / 2010  
Transaction ID: PR771420021070  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 894.99

**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 21 / 29	
	<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) Ms. Debra K. West		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR771421021070		
	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 (\$50.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Regional Vice President, State Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771421121070		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 60.00	
	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 Vice President & Associate General Cou		
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) Ms. Katherine C. Smith		Date of Receipt MM / DD / YYYY 12 / 31 / 2010		
	Mailing Address 101 Constitution Ave, NW Suite 700 West		<b>Transaction ID:</b> PR771422921070		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 101.07	
	FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$35.56 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation PAC Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 808.56			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>311.07</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 22 / 29  
(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 ▼ 228.97

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771423121070  
Amount of Each Receipt this Period 28.62  
P/R Deduction (\$10.29 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 VP, Litigation & Assoc. Gen. Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771423221070  
Amount of Each Receipt this Period 120.00  
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 / 2010  
Transaction ID: PR771425321070  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 178.62

**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 23 / 29
	<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. John P. Gerni		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771428721070
	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 189.99
	Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relatio	P/R Deduction (\$67.08 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1519.93		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 101 Constitution Ave, NW Suite 700 West		<b>Transaction ID:</b> PR771428821070
	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 202.50
	Name of Employer American Council of Life Insurers	Occupation Senior Vice President, Federal Relatio	P/R Deduction (\$75.50 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1620.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David C. Turner		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR771428921070
	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 366.99
	Name of Employer American Council of Life Insurers	Occupation EVP, Chief of Staff & Corp. Secretary	P/R Deduction (\$128.42 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2935.93		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	759.48
<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 / 29

(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. Miriam Krol

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Vice President, Long Term Care

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

Date of Receipt

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

Transaction ID: PR771434021070

Amount of Each Receipt this Period

30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kynondo Lewis

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Legal Editor

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.93

Date of Receipt

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

Transaction ID: PR771439621070

Amount of Each Receipt this Period

30.24

P/R Deduction (\$10.42 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 727.93

Date of Receipt

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

Transaction ID: PR771444321070

Amount of Each Receipt this Period

90.99

P/R Deduction (\$32.67 Semi-Monthly)

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

151.23

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

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

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

FOR LINE NUMBER: PAGE 25 / 29  
(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. T. Scott Dixon

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Finance Director

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

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771444921070  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Managing Director, Research

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 391.21

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771445821070  
Amount of Each Receipt this Period 48.90  
P/R Deduction (\$17.60 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie A. Spiezio

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 Vice President

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

Date of Receipt 12 / 31 / 2010  
Transaction ID: PR771449621070  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 183.90

**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 26 / 29

(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 K. Bruins

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Senior Actuary

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 354.00

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

Transaction ID: PR771450121070

Amount of Each Receipt this Period  
44.25

P/R Deduction (\$16.58 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City State Zip Code  
Lansdale PA 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 ▼ 539.98

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

Transaction ID: PR798114421070

Amount of Each Receipt this Period  
231.42

P/R Deduction (\$77.14 Bi-Weekly)

**C.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2325.11

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

Transaction ID: PR805149121070

Amount of Each Receipt this Period  
290.64

P/R Deduction (\$101.88 Semi-Monthly)

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

566.31

**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 27 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt		
	Mailing Address 101 Constitution Avenue, NW Suite 700		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0		
	City Washington	State DC	Zip Code 20001-2133	<b>Transaction ID:</b> PR904819521070	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00		
	Name of Employer American Council of Life Insurers		Occupation Counsel, Insurance Regulation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		
P/R Deduction (\$25.00 Semi-Monthly)					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	12660.82

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

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

FOR LINE NUMBER: PAGE 28 / 29  
(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)  
Allianz/Fireman's Fund Insurance Company PAC

Mailing Address 1101 Connecticut Ave, NW #950

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** 37915916

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Swiss Re America Holding Corporation Political Action Committee

Mailing Address 175 King Street

City State Zip Code  
Armonk NY 10504

FEC ID number of contributing federal political committee. **C** C00462564

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 38263011

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

**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 29 / 29

<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) Bluegrass Committee <hr/> Mailing Address 400 North Capitol Street NW Suite 585 <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement <hr/> Candidate Name Bluegrass Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 38040508 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Stabenow for US Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement <hr/> Candidate Name Debbie Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Transaction ID: 38040509 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Debt Retirement for 2010 General Election <hr/> Candidate Name Mr. Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Transaction ID: 38040511 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010

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

3000.00

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

3000.00