

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 05 01 2010 through 05 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 06 16 2010

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| 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" style="display: inline-table; vertical-align: middle;"><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 | 38462.47 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 36359.63 | 156890.85 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 74822.10 | 230822.60 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 54000.00 | 210000.50 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 20822.10 | 20822.10 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 6184.28 | 28768.02 |
| (ii) Unitemized | 1175.35 | 16022.83 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 7359.63 | 44790.85 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 29000.00 | 110500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 36359.63 | 155290.85 |
| 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)) | 36359.63 | 156890.85 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 36359.63 | 156890.85 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 54000.00 | 204600.50 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 5400.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 54000.00 | 210000.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 54000.00 | 210000.50 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

| 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) | 36359.63 | 155290.85 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 36359.63 | 155290.85 |
| 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: PAGE 6 / 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 |

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. Roger N. Levy

Mailing Address 11201 Robert Carter Road

City State Zip Code
Fairfax Station VA 22039-1326

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

Name of Employer Occupation
Genworth Financial Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: 34720555

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. James P. Rousey

Mailing Address 1609 Windycrest Drive

City State Zip Code
Springfield IL 62704-6515

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

Name of Employer Occupation
Universal Guaranty Life Insurance Comp President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 1 0

Transaction ID: 34720557

Amount of Each Receipt this Period
500.00

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 1 0

Transaction ID: PR1120489719303

Amount of Each Receipt this Period
99.00

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

SUBTOTAL of Receipts This Page (optional) ► **1599.00**

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 / 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

| | |
|---|--|
| <p>A. 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. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation SVP, Administration & CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p> | <p>Date of Receipt 05 / 31 / 2010</p> <p>Transaction ID: PR1156427119303</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p> |
|---|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone</p> <p>Mailing Address 32 Lincoln</p> <p>City State Zip Code Weatogue CT 06089-9780</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Vantis Life Insurance Company</p> <p>Occupation President & 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 ▼ 341.00</p> | <p>Date of Receipt 05 / 31 / 2010</p> <p>Transaction ID: PR1503560119303</p> <p>Amount of Each Receipt this Period 62.00</p> <p>P/R Deduction (\$31.00 Bi-Weekly)</p> |
|--|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh</p> <p>Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW</p> <p>City State Zip Code Washington DC 20001-2140</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Executive Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1796.90</p> | <p>Date of Receipt 05 / 31 / 2010</p> <p>Transaction ID: PR1550105919303</p> <p>Amount of Each Receipt this Period 359.38</p> <p>P/R Deduction (\$179.69 Semi-Monthly)</p> |
|---|---|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 521.38 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 8 / 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. 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 ▼ 500.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR1554864819303
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

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

Mailing Address 6652 Loch Hill Road

City Baltimore State MD Zip Code 21239-1644

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 412.50

Date of Receipt 05 / 31 / 2010
Transaction ID: PR1719284419303
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$37.50 Bi-Weekly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2140

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 387.92

Date of Receipt 05 / 31 / 2010
Transaction ID: PR1728112719303
 Amount of Each Receipt this Period 147.92
 P/R Deduction (\$73.96 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **322.92**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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. Michael A. Bell

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, Taxes and Retirement S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 554.19

Date of Receipt 05 / 31 / 2010
Transaction ID: PR1767862419303
Amount of Each Receipt this Period 158.34
P/R Deduction (\$79.17 Semi-Monthly)

B.

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

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 Vice President & General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1502.09

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771358219303
Amount of Each Receipt this Period 300.42
P/R Deduction (\$150.21 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City 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 ▼ 522.90

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771362419303
Amount of Each Receipt this Period 104.58
P/R Deduction (\$52.29 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **563.34**

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 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

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 ▼ 300.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771365419303
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771369019303
Amount of Each Receipt this Period 57.00
P/R Deduction (\$28.50 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1359.40

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771373219303
Amount of Each Receipt this Period 271.88
P/R Deduction (\$135.94 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **388.88**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Ms. Shawn Hausman | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | Transaction ID: PR771373519303 |
| | City Washington State DC Zip Code 20001-2133 | Amount of Each Receipt this Period 55.72 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$27.86 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 ▼ 274.44 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Mr. David M. Leifer | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | Transaction ID: PR771374019303 |
| | City Washington State DC Zip Code 20001-2133 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$75.00 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 ▼ 750.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Mr. David R. Wentworth | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | Transaction ID: PR771376019303 |
| | City Washington State DC Zip Code 20001-2133 | Amount of Each Receipt this Period 60.00 |
| | FEC ID number of contributing federal political committee. C | P/R Deduction (\$30.00 Semi-Monthly) |
| | Name of Employer American Council of Life Insurers Occupation Vice President, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 265.72 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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. 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 ▼ 246.69

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771376819303

Amount of Each Receipt this Period 49.34

P/R Deduction (\$24.67 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 ▼ 1000.00

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771377119303

Amount of Each Receipt this Period 200.00

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

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771395119303

Amount of Each Receipt this Period 416.66

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

SUBTOTAL of Receipts This Page (optional) ▶ 666.00

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 13 / 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. Morris Goff | | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 | | |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR771419319303 | | |
| | City Washington | State DC | Zip Code 20001-2133 | Amount of Each Receipt this Period 182.26 | |
| | FEC ID number of contributing federal political committee. C | | P/R Deduction (\$91.13 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 ▼ 911.30 | | | |

| | | | | | |
|---|---|-------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Mr. Frank A. Keating | | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 | | |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR771419719303 | | |
| | City Washington | State DC | Zip Code 20001-2133 | Amount of Each Receipt this Period 416.66 | |
| | FEC ID number of contributing federal political committee. C | | P/R Deduction (\$208.33 Semi-Monthly) | | |
| | Name of Employer American Council of Life Insurers | | Occupation President & CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 2083.30 | | | |

| | | | | | |
|---|---|------------------------------------|--|--|--|
| C. | Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation | | Date of Receipt MM / DD / YYYY 05 / 31 / 2010 | | |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR771419919303 | | |
| | City Washington | State DC | Zip Code 20001-2133 | Amount of Each Receipt this Period 150.00 | |
| | FEC ID number of contributing federal political committee. C | | P/R Deduction (\$75.00 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 ▼ 750.00 | | | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 748.92 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 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. Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771421019303

Amount of Each Receipt this Period 100.00

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

B.

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

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation PAC Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.90

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771422919303

Amount of Each Receipt this Period 67.38

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

C.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 31 / 2010

Transaction ID: PR771423219303

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 247.38

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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

A.

Full Name (Last, First, Middle Initial)
Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 633.31

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771428719303
Amount of Each Receipt this Period 126.66
P/R Deduction (\$63.33 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771428819303
Amount of Each Receipt this Period 135.00
P/R Deduction (\$67.50 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1223.31

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771428919303
Amount of Each Receipt this Period 244.66
P/R Deduction (\$122.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 506.32

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 303.31

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771444319303

Amount of Each Receipt this Period 60.66

P/R Deduction (\$30.33 Semi-Monthly)

B.

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 ▼ 250.00

Date of Receipt 05 / 31 / 2010
Transaction ID: PR771449619303

Amount of Each Receipt this Period 50.00

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

C.

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 ▼ 968.79

Date of Receipt 05 / 31 / 2010
Transaction ID: PR805149119303

Amount of Each Receipt this Period 193.76

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

SUBTOTAL of Receipts This Page (optional) ► 304.42

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"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---|--|---|--|---------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman | | Date of Receipt | |
| | Mailing Address 101 Constitution Avenue, NW Suite 700 | | M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: PR904819519303 |
| | Washington | DC | 20001-2133 | |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | |
| | C | | 50.00 | |
| Name of Employer American Council of Life Insurers | | Occupation Counsel, Insurance Regulation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | |
| | | | | P/R Deduction (\$25.00 Semi-Monthly) |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| TOTAL This Period (last page this line number only) | 6184.28 |

**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)
 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)
Trustmark Ins. Co. PAC

Mailing Address Trustmark Insurance Company
400 Field Drive

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C** C00156166

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 0 / 2 0 1 0

Transaction ID: 34731757

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
John Hancock Financial Services Federal PAC

Mailing Address 200 Clarendon Street

City State Zip Code
Boston MA 02116

FEC ID number of contributing federal political committee. **C** C00137265

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 Y
 0 5 / 1 1 / 2 0 1 0

Transaction ID: 34741260

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Unum PAC

Mailing Address 2211 Congress Street

City State Zip Code
Portland ME 04122

FEC ID number of contributing federal political committee. **C** C00155770

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 Y
 0 5 / 1 2 / 2 0 1 0

Transaction ID: 34742581

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **14000.00**

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 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)
Massachusetts Mutual Life Ins. Co PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 34742582

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Assurant Inc. Political Action Committee

Mailing Address P.O. Box 3050

City State Zip Code
Milwaukee WI 53201

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 34922749

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Western-Southern PAC

Mailing Address 400 Broadway

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00258228

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 34950683

Amount of Each Receipt this Period
5000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 15000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 29000.00 |

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>A.</p> <p>Full Name (Last, First, Middle Initial) Hawkeye PAC</p> <p>Mailing Address P.O. Box 7255</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement</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>Transaction ID: 34735709</p> <p>Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERIPAC</p> <p>Mailing Address 499 South Capitol Street, SW Suite 414</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</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>Transaction ID: 34735739</p> <p>Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski</p> <p>Mailing Address 1225 I Street, NW Suite 900</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Paul Kanjorski</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 34735740</p> <p>Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Paul Ryan for Congress</p> <p>Mailing Address P.O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 34735748 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 34735751 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address 122 C Street, NW Suite 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 34735753 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Wyden for Senate</p> <p>Mailing Address 122 C Street, NW Suite 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:</p> | <p>Transaction ID: 34735754 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jim Himes For Congress</p> <p>Mailing Address 65 High Ridge Road Box 456 Box 456</p> <p>City Stamford State CT Zip Code 06905</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Jim Himes</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) ▼ State: CT District: 04</p> | <p>Transaction ID: 34735756 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</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) ▼ State: SD District: 01</p> | <p>Transaction ID: 34735757 Date of Disbursement 05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln | Transaction ID: 34741241 Date of Disbursement 05 / 12 / 2010 |
| | Mailing Address PO Box 3197 P O Box 118 | Amount of Each Disbursement this Period 2000.00 |
| | City Little Rock State AR Zip Code 72203 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Blanche Lincoln | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Meeks for Congress | Transaction ID: 34925928 Date of Disbursement 05 / 24 / 2010 |
| | Mailing Address 153-01 Jamaica Ave Suite 535 | Amount of Each Disbursement this Period 1000.00 |
| | City Jamaica State NY Zip Code 11432 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Gregory Meeks | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Cathy McMorris For Congress | Transaction ID: 34929485 Date of Disbursement 05 / 24 / 2010 |
| | Mailing Address Box 137 | Amount of Each Disbursement this Period 500.00 |
| | City Spokane State WA Zip Code 99210 | |
| | Purpose of Disbursement | 011 Category/Type |
| | Candidate Name Rep. Cathy McMorris Rodgers | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress Inc | Transaction ID: 34929487 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address Post Office Box 80126 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 4 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Lafayette State LA Zip Code 70598 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Rep. Charles Boustany, Jr. | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee | Transaction ID: 34929489 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 76 Magnolia Terrace | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 4 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Springfield State MA Zip Code 01108 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>2000.00</td></tr></table> | 2000.00 | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name Richard Neal | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) ERICPAC | Transaction ID: 34929492 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 209 Pennsylvania Ave, SE | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 4 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement | <table border="1"><tr><td>5000.00</td></tr></table> | 5000.00 | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"><tr><td>011</td></tr></table> Category/Type | 011 | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>8000.00</td></tr></table> | 8000.00 |
| 8000.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p>A. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Ronald Klein</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: FL District: 22</p> | <p>Transaction ID: 34929495 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>B. Full Name (Last, First, Middle Initial) Rush Holt For Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Rush Holt</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: NJ District: 12</p> | <p>Transaction ID: 34929498 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |
| <p>C. Full Name (Last, First, Middle Initial) Lance For Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Leonard Lance</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: NJ District: 07</p> | <p>Transaction ID: 34929499 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | / | 2 | 4 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table> | 3000.00 |
| 3000.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Making Business Excel PAC | Transaction ID: 34929501 Date of Disbursement |
| | Mailing Address P.O. Box 3241 | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/> |
| | City Cheyenne State WY Zip Code 82003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|----|---|---|
| B. | Full Name (Last, First, Middle Initial) Van Hollen For Congress | Transaction ID: 34929502 Date of Disbursement |
| | Mailing Address 10605 Concord Street Suite 202 | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/> |
| | City Kensington State MD Zip Code 20895 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name Rep. Chris Van Hollen | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) Barney Frank for Congress | Transaction ID: 34929503 Date of Disbursement |
| | Mailing Address PO Box 260 | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="24"/> <input type="text" value="24"/> / <input type="text" value="2010"/> <input type="text" value="2010"/> |
| | City Newtonville State MA Zip Code 02460 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name Barney Frank | <input type="text" value="011"/> Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Garrett for Congress

Mailing Address P.O. Box 905

City State Zip Code
Newton NJ 07860

Purpose of Disbursement

011
Category/
Type

Candidate Name
Scott Garrett

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 05

Transaction ID: 34929505
Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Gillibrand For Senate

Mailing Address 313 C Street Ne

City State Zip Code
Washington DC 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Kirsten Gillibrand

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: DC District:

Transaction ID: 34929507
Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
DCCC

Mailing Address 430 South Capitol Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 34929520
Date of Disbursement

05 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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 28 / 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

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) DSCC Mailing Address 120 Maryland Avenue, NE City Washington State DC Zip Code 20006 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 34929521 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 | Amount of Each Disbursement this Period 5000.00 |
| B. | Full Name (Last, First, Middle Initial) NRCC Mailing Address 320 First Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 34929522 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 | Amount of Each Disbursement this Period 5000.00 |
| C. | Full Name (Last, First, Middle Initial) NRSC Mailing Address 425 2nd Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 34929524 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 | Amount of Each Disbursement this Period 5000.00 |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 15000.00 |
| TOTAL This Period (last page this line number only) | 54000.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Friends of Brian Dubie <hr/> Mailing Address P.O. Box 133 <hr/> City Essex Junction State VT Zip Code 05453 <hr/> Purpose of Disbursement Brian Dubie, GOVERNOR VT Candidate Name Lt. Gov. Brian Dubie Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 34929525 Date of Disbursement 05 / 24 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Brian Dubie, GOVERNOR VT |
| | Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) Friends of Brian Dubie <hr/> Mailing Address P.O. Box 133 <hr/> City Essex Junction State VT Zip Code 05453 <hr/> Purpose of Disbursement Void - Friends of Brian Dubie Candidate Name Lt. Gov. Brian Dubie Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 35118037 Date of Disbursement 05 / 28 / 2010 <hr/> Amount of Each Disbursement this Period -500.00 <hr/> Void - Friends of Brian Dubie |
| | Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

0.00