

**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 60 / 61

<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

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)
UNION CENTRAL LIFE INSURANCE COMPANY

A.	Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS PAC	Transaction ID: SB23.10099 Date of Disbursement
	Mailing Address 101 CONSTITUTION AVE, NW SUITE 700	<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20001-2133	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Donation	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="012"/> 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) ▼

B.	Full Name (Last, First, Middle Initial) CHABOT-OHIO VICTORY COMMITTEE	Transaction ID: SB23.10095 Date of Disbursement
	Mailing Address C/O ROBERT H. CASTELLINI 100 E. BROAD ST., SUITE 2330	<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement Reception	<input type="text" value="1500.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC.	Transaction ID: SB23.9852 Date of Disbursement
	Mailing Address 100 E. BROAD STREET SUITE 2330	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City COLUMBUS State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement RECEPTION	<input type="text" value="250.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4250.00"/>