

**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

Life Insurance Settlement Association PAC

ADDRESS (number and street) 1011 E Colonial Dr
Ste 500

Check if different than previously reported. (ACC)

Orlando FL 32803

2. **FEC IDENTIFICATION NUMBER** C00431973

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer William Potoczak

Signature of Treasurer Electronically Filed by William Potoczak Date 04 05 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Life Insurance Settlement Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		65941.81
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	38891.29									
(c) Total Receipts (from Line 19)	18245.00	26595.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57136.29	92536.81								
7. Total Disbursements (from Line 31)	7627.23	43027.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49509.06	49509.06								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Life Insurance Settlement Association PAC

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)	15000.00	20750.00
(ii) Unitemized	45.00	145.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15045.00	20895.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15045.00	23395.00
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	3200.00	3200.00
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))	18245.00	26595.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18245.00	26595.00

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.....	527.23	1527.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	527.23	1527.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5100.00	39500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2000.00	2000.00
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))..	7627.23	43027.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7627.23	43027.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15045.00	23395.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15045.00	23395.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	527.23	1527.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	527.23	1527.75

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

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Life Insurance Settlement Association PAC

A. Full Name (Last, First, Middle Initial)
Alan Buerger

Mailing Address 7111 Valley Green Road

City State Zip Code
Fort Washington PA 19034

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

Name of Employer Coventry, LLC Occupation Life Settlement Provider

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11AI.4130

Amount of Each Receipt this Period
5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Constance Buerger

Mailing Address 7111 Valley Green Road

City State Zip Code
Fort Washington PA 19034

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

Name of Employer Coventry, LLC Occupation Life Settlement Provider

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11AI.4132

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Laken Mitchell

Mailing Address 4453 Brynwood Drive

City State Zip Code
Naples FL 34119

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

Name of Employer CMG Surety, LLC Occupation Life Settlement Provider

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4128

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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 / 12	
	(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)
Life Insurance Settlement Association PAC

A.	Full Name (Last, First, Middle Initial) Robert White		Date of Receipt
	Mailing Address 199 Topanga Drive		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bonita Springs	FL	34134
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer CMG Surety, LLC	Occupation Life Settlement Provider	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	Transaction ID: SA11AI.4125
		Amount of Each Receipt this Period	<input type="text" value="2500.00"/>
		Contribution	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 12
	(check only one)
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Life Insurance Settlement Association PAC

A.	Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson		Date of Receipt
	Mailing Address 2206 East Colonial Drive		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Orlando	FL	32803
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00424713"/>	Transaction ID: SA16.4134
Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="2600.00"/>	
Aggregate Year-to-Date ▼		Requested Refund of Excessive Campaign Contribution	
<input type="text" value="2600.00"/>			

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd		Date of Receipt
	Mailing Address PO Box 270701		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	West Hartford	CT	06127
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00347310"/>	Transaction ID: SA16.4137
Name of Employer	Occupation	Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="600.00"/>	
Aggregate Year-to-Date ▼		Requested Refund of Excessive Portion of Campaign Contribution	
<input type="text" value="600.00"/>			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3200.00"/>

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Life Insurance Settlement Association PAC

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement merchant services charge to accept contributions on web for Jul 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: SB21B.4161 Date of Disbursement 07 / 01 / 2009 Amount of Each Disbursement this Period 56.90 003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement merchant service charge to accept contributions on web for Aug 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: SB21B.4163 Date of Disbursement 08 / 03 / 2009 Amount of Each Disbursement this Period 56.90 003 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement merchant services charge to accept contributions on web for Sept 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: SB21B.4164 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 56.90 003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

170.70

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 10 / 12

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Life Insurance Settlement Association PAC

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4165 Date of Disbursement																			
	Mailing Address PO Box 2485	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	0	9												
	City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period																			
	Purpose of Disbursement merchant service charge to accept contributions on web for Oct Candidate Name	<table border="1"><tr><td>56.90</td></tr></table>	56.90																		
56.90																					
	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) ▼																			
		003 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4166 Date of Disbursement																			
	Mailing Address PO Box 2485	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	2	/	2	0	0	9												
	City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period																			
	Purpose of Disbursement merchant services charge to accept contributions on web for Nov Candidate Name	<table border="1"><tr><td>56.90</td></tr></table>	56.90																		
56.90																					
	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) ▼																			
		003 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4167 Date of Disbursement																			
	Mailing Address PO Box 2485	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	1	/	2	0	0	9												
	City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period																			
	Purpose of Disbursement merchant services charge to accept contributions on web for Dec Candidate Name	<table border="1"><tr><td>72.03</td></tr></table>	72.03																		
72.03																					
	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) ▼																			
		003 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>185.83</td></tr></table>	185.83
185.83		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>356.53</td></tr></table>	356.53
356.53		

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)
Life Insurance Settlement Association PAC

A. Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson <hr/> Mailing Address 2206 East Colonial Drive <hr/> City Orlando State FL Zip Code 32803 <hr/> Purpose of Disbursement Campaign Contribution to US Congressman Candidate Name Alan Grayson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4143 Date of Disbursement 11 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00	
	B. Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson <hr/> Mailing Address 2206 East Colonial Drive <hr/> City Orlando State FL Zip Code 32803 <hr/> Purpose of Disbursement Campaign Contribution to US Congressman Candidate Name Alan Grayson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4151 Date of Disbursement 11 / 30 / 2009 <hr/> Amount of Each Disbursement this Period 2600.00
	C. Full Name (Last, First, Middle Initial) Kosmas for Congress <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement Campaign Contribution to US Congresswoman Candidate Name Suzanne Kosmas <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4140 Date of Disbursement 07 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	5100.00

**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)
Life Insurance Settlement Association PAC

A. Full Name (Last, First, Middle Initial)
Campaign Fund of Robert R. Damron

Mailing Address 231 Fairway West

City State Zip Code
Nicholasville KY 40356

Purpose of Disbursement
Campaign Contribution to Kentucky State Representative

Candidate Name
Campaign Fund of Robert R. Damron

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: KY District: 39

Transaction ID: SB29.4155
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Kendrick Meek for Florida

Mailing Address 111 North West 183rd Street
Suite 325

City State Zip Code
Miami FL 33169

Purpose of Disbursement
Campaign Contribution to Florida State Senator in bid for FL State Governor

Candidate Name
Kendrick Meek for Florida

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

Transaction ID: SB29.4152
Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00
