

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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) Alan Buerger	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 7111 Valley Green Road	Transaction ID: SA11AI.4130
	City State Zip Code Fort Washington PA 19034	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Coventry, LLC Occupation Life Settlement Provider Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

B.	Full Name (Last, First, Middle Initial) Constance Buerger	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 7111 Valley Green Road	Transaction ID: SA11AI.4132
	City State Zip Code Fort Washington PA 19034	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Coventry, LLC Occupation Life Settlement Provider Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) Laken Mitchell	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address 4453 Brynwood Drive	Transaction ID: SA11AI.4128
	City State Zip Code Naples FL 34119	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Contribution
	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) <input type="checkbox"/> Aggregate Year-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	