

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)
CITY **STATE** **ZIP CODE**

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 11 02 2010 in the State of DC
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 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 10 19 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		73931.75
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	32050.40									
(c) Total Receipts (from Line 19)	19744.03	285163.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51794.43	359094.93								
7. Total Disbursements (from Line 31)	17350.00	324650.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34444.43	34444.43								
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
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7706.08	82711.44
(ii) Unitemized	3037.95	29351.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10744.03	112063.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9000.00	171500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19744.03	283563.18
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))	19744.03	285163.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19744.03	285163.18

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.....	16000.00	30285.50
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.....	1350.00	21800.00
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))..	17350.00	324650.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17350.00	324650.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	19744.03	283563.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19744.03	283563.18
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 / 18
(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)
Ms. Cathy A. Cavitt

Mailing Address 8001 El Monte

City State Zip Code
Prairie Village KS 66208-5050

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

Name of Employer: Americo Financial Life and Annuity Ins
Occupation: Vice President, Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: 37100720
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark K. Fallon

Mailing Address 2209 W. 126th Street

City State Zip Code
Leawood KS 66209-1384

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

Name of Employer: Americo Life Insurance Company
Occupation: Senior Vice President & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: 37101020
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Mr. Jack L. Fortini

Mailing Address 3608 W. 155th Street

City State Zip Code
Overland Park KS 66224-3990

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

Name of Employer: Americo Financial Life and Annuity Ins
Occupation: Vice President, Counsel & Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: 37101023
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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: (check only one)	PAGE 7 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Gregory A. Hamilton	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 3447 W. 138th Terrace	Transaction ID: 37101077
	City State Zip Code Leawood KS 66224-4595	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Americo Financial Life and Annuity Ins	Occupation Vice President & Director, Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert L. La Plant	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 5604 W. 147th Place	Transaction ID: 37101079
	City State Zip Code Overland Park KS 66223-1171	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Great Southern Life Insurance Company	Occupation Vice President & Chief Technology Offi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. William T. Marden	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 13411 W. 128th Terrace	Transaction ID: 37101135
	City State Zip Code Overland Park KS 66213-3840	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Americo Financial Life and Annuity Ins	Occupation Chief Operating Officer	
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)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 18
(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. Michael A. Merriman

Mailing Address 300 West 11th Street

City State Zip Code
Kansas City MO 64105-1618

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

Name of Employer: Americo Life Insurance Company
Occupation: Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: 37101137
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Gary L. Muller

Mailing Address 300 W. 11th Street

City State Zip Code
Kansas City MO 64105-1618

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

Name of Employer: Americo Life Insurance Company
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 10 / 08 / 2010
Transaction ID: 37101138
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dayton Molendorp

Mailing Address 6507 Castle Knoll CT.

City State Zip Code
Indianapolis IN 46250-1439

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

Name of Employer: OneAmerica
Occupation: President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 10 / 12 / 2010
Transaction ID: 37133985
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 18
(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. John F. Barrett

Mailing Address 9300 Shawnee Run Road

City State Zip Code
Cincinnati OH 45243-2826

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

Name of Employer Western-Southern Financial Group
Occupation Chairman of the Board, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: 37133987

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Ms. Christine A. Katzmar Holmes

Mailing Address 9607 SE 15th Sztreet

City State Zip Code
Bellevue WA 98004

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

Name of Employer Symetra Financial Corporation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

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

Transaction ID: 37133991

Amount of Each Receipt this Period
800.00

C. Full Name (Last, First, Middle Initial)
Mr. Colin M. Elder

Mailing Address 2115 E. Sammamish PI SE

City State Zip Code
Sammamish WA 98075

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

Name of Employer Symetra Financial Corporation
Occupation Investments Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 37134000

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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: (check only one)	PAGE 10 / 18
	<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. Richard G. LaVoice	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 777 108th Avenue NE Suite 1200	Transaction ID: 37134016
	City Bellevue State WA Zip Code 98004-5135	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Symetra Financial Corporation Occupation Sales Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Ms. D. J. Saltsman	Date of Receipt MM / DD / YYYY 10 / 12 / 2010
	Mailing Address 3852 Hallman Avenue	Transaction ID: 37134589
	City Collegeville State PA Zip Code 19426-1026	Amount of Each Receipt this Period 215.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer London Life Reinsurance Company Occupation Underwriter Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00	

C.	Full Name (Last, First, Middle Initial) Mr. John J Patterson	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 10075 Red Run Blvd	Transaction ID: PR1231727520355
	City Owings Mills State MD Zip Code 21117-4865	Amount of Each Receipt this Period 10.58
	FEC ID number of contributing federal political committee. C	
	Name of Employer Baltimore Life Insurance Company Occupation Senior Vice President, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.60	P/R Deduction (\$10.58 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	725.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 18
(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. Craig D. Simms

Mailing Address 31 Quail Hollow Drive

City State Zip Code
Southington CT 06489-1617

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

Name of Employer Vantis Life Insurance Company
Occupation Senior Vice President, Sales & Marketi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: PR1503559920355

Amount of Each Receipt this Period 12.00

P/R Deduction (\$12.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City State Zip Code
Weatogue CT 06089-9780

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

Name of Employer Vantis Life Insurance Company
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

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

Transaction ID: PR1503560120355

Amount of Each Receipt this Period 31.00

P/R Deduction (\$31.00 Bi-Weekly)

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

Mailing Address 6652 Loch Hill Road

City State Zip Code
Baltimore MD 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 ▼ 750.00

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

Transaction ID: PR1719284420355

Amount of Each Receipt this Period 37.50

P/R Deduction (\$37.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	80.50
TOTAL This Period (last page this line number only)	7706.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 18
	(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) American National Ins. Co. PAC		Date of Receipt
Mailing Address One Moody Plaza		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
City	State	Zip Code
Galveston	TX	77550
FEC ID number of contributing federal political committee.		Transaction ID: 37101140
<input type="checkbox"/> C C00135525		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) OneAmerica Financial Partners, Inc. PAC		Date of Receipt
Mailing Address One American Square P.O. Box 368		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City	State	Zip Code
Indianapolis	IN	46206
FEC ID number of contributing federal political committee.		Transaction ID: 37133984
<input type="checkbox"/> C C00143164		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="4000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9000.00"/>

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cliff Aldridge for Senate</p> <p>Mailing Address P.O. Box 10946</p> <p>City State Zip Code Midwest City OK 73140</p> <p>Purpose of Disbursement Cliff Aldridge, STATE SENATE 42nd OK</p> <p>Candidate Name OK Sen. Cliff Aldridge</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110094 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>011 Category/ Type</p> <p>Cliff Aldridge, STATE SEN- ATE 42nd OK</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dan Sullivan for State Representative</p> <p>Mailing Address PMB 671 4943 S. Peoria</p> <p>City State Zip Code Tulsa OK 74105</p> <p>Purpose of Disbursement Daniel Sullivan, STATE HOUSE 71st OK</p> <p>Candidate Name OK Rep. Daniel Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 71</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110130 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p> <p>011 Category/ Type</p> <p>Daniel Sullivan, STATE HO- USE 71st OK</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jason Nelson for State Representative</p> <p>Mailing Address 4117 NW 58th Street</p> <p>City State Zip Code Oklahoma City OK 73112</p> <p>Purpose of Disbursement Jason Nelson, STATE HOUSE 87th OK</p> <p>Candidate Name OK Rep. Jason Nelson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 87</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110132 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> <p>Jason Nelson, STATE HOUSE 87th OK</p>

SUBTOTAL of Disbursements This Page (optional) ►

1150.00

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

1150.00

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. 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110135 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Shelley Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110136 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) McMahon For Congress</p> <p>Mailing Address 236 Massachusetts Ave, NE Suite 602</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Michael McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 37110137 Date of Disbursement 10 / 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) Kind For Congress Committee	Transaction ID: 37110148 Date of Disbursement																			
	Mailing Address 1207 C Street, NE	<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>1</td><td>1</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	1	0		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
	City Washington State DC Zip Code 20002	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 Rep. Ron Kind	<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: WI District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PETE PAC	Transaction ID: 37110152 Date of Disbursement																			
	Mailing Address c/o Mariah McGuinness 7804 Evening Lane	<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>1</td><td>1</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	1	0		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	1	0												
	City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
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	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) ▼																			

C.	Full Name (Last, First, Middle Initial) NODAK PAC	Transaction ID: 37110169 Date of Disbursement																			
	Mailing Address P.O. Box 75214	<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>1</td><td>1</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	1	0		1	1		2	0	1
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	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
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	Candidate Name NODAK PAC	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
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	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)	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
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)

PAGE 16 / 18

<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) Citizens for Action</p> <p>Mailing Address P.O. Box 1535</p> <p>City Wilkes-Barre State PA Zip Code 18703</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 37110170 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>1</td><td>0</td><td>/</td><td>1</td><td>1</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>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	1	/	2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	1	/	2	0	1	0													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Edwin Perlmutter</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: CO District: 07</p>	<p>Transaction ID: 37110172 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>1</td><td>0</td><td>/</td><td>1</td><td>1</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	1	0	/	1	1	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	1	/	2	0	1	0													
1000.00																						
<p>C. 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: 37110217 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>1</td><td>0</td><td>/</td><td>1</td><td>1</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	1	0	/	1	1	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	1	/	2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

Use separate schedule(s)
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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) Committee To Elect Chris Murphy <hr/> Mailing Address P.O. Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Christopher Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37110236 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address 8150 West Emerald Street Suite 170 <hr/> City Boise State ID Zip Code 83704 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Walter C. Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37110237 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Daniel Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37110238 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<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)
Chambliss for Senate

Transaction ID: 37110239
Date of Disbursement

Mailing Address Post Office Box 12469

^M 1	^M 0	/	^D 1	^D 1	/	^Y 2	^Y 0	^Y 1	^Y 0
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City Atlanta State GA Zip Code 30355

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Saxby Chambliss

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

16000.00
