

# 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 (12G)  
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 08 01 2006 through 08 31 2006

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 09 13 2006

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

**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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		57647.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	42391.67									
(c) Total Receipts (from Line 19) .....	14516.85	234280.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56908.52	291928.17								
7. Total Disbursements (from Line 31) .....	9700.00	244719.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47208.52	47208.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	8705.40	59243.95
(i) Itemized (use Schedule A) .....	3811.45	26036.98
(ii) Unitemized .....	12516.85	85280.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2000.00	149000.00
(c) Other Political Committees (such as PACs) .....	14516.85	234280.93
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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	0.00
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)) .....	14516.85	234280.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14516.85	234280.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	8000.00	238712.73
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	211.92
(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	211.92
29. Other Disbursements.....	1700.00	5795.00
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))..	9700.00	244719.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9700.00	244719.65

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	14516.85	234280.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14516.85	234069.01
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. C. Robert Henrikson		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 153 Sunset Hill Road		<b>Transaction ID:</b> 16181245	
City State Zip Code New Canaan CT 06840-4004	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MetLife, Inc.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Dennis L. Johnson, FLMI, CLU		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 1212 12th Avenue Road		<b>Transaction ID:</b> 16309873	
City State Zip Code Nampa ID 83686-6002	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer United Heritage Mutual Life Insurance	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Paul E. Petry		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address P.O. Box 738		<b>Transaction ID:</b> 16497381	
City State Zip Code Osterville MA 02655-0738	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boston Mutual Life Insurance Company	Occupation Chairman, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Randall H Talbot		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 3421 Evergreet PT. RD		<b>Transaction ID:</b> 16601686
City State Zip Code Medina WA 98039-1022	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Symetra Financial Corporation	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR112048977863
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 87.34	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 659.18	
		P/R Deduction (\$42.67 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR115642717863
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
		P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1687.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136547863
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director, Media Relations Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136907863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Legislative & Regulatory Informati Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137327863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 224.28
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$112.14 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, State Relations Aggregate Year-to-Date ▼ 1794.23	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	304.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137607863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Research Aggregate Year-to-Date ▼ 480.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137687863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 41.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.50 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 328.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137717863
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	301.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda L. Lanam		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR77137737863	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$25.00 Semi-Monthly)	
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Annuities Aggregate Year-to-Date ▼ _____ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR77138647863	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 144.80		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$72.40 Semi-Monthly)	
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director, Reinsurance Aggregate Year-to-Date ▼ _____ 1158.39		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID:</b> PR77139517863	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 313.54		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$156.77 Semi-Monthly)	
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President, Federal Rela Aggregate Year-to-Date ▼ _____ 2508.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>508.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Pearson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77140267863
Mailing Address 10075 Red Run Boulevard		Amount of Each Receipt this Period 100.00
City Owings Mills State MD Zip Code 21117-4865	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company Occupation President & CEO	Aggregate Year-to-Date 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Mark Canter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141007863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 38.58
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.29 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Counsel, Federal Taxes	Aggregate Year-to-Date 308.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Sheila M. Ziegler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141217863
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 25.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Excutive Secretary, Office of the Gene	Aggregate Year-to-Date 202.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	163.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 27
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141937863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 76.08
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.04 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Taxes Aggregate Year-to-Date ▼ 608.65	

Full Name (Last, First, Middle Initial) <b>B.</b> Frank Keating		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141977863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 3333.28	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Michael J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141987863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President & COO Aggregate Year-to-Date ▼ 3333.28	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	909.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Debra K. West		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142107863
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel & Director, Southern Re Aggregate Year-to-Date ▼ 800.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142297863
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 31.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PAC Manager Aggregate Year-to-Date ▼ 234.44	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142327863
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR7714287863	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Legislative Director Aggregate Year-to-Date ▼ 800.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142887863	
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 112.50	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Federal Relatio Aggregate Year-to-Date ▼ 900.00		
		P/R Deduction (\$56.25 Semi-Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142897863	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 162.50	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 1256.65		
		P/R Deduction (\$81.25 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Susan Harvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77143527863	
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Occupation Director, Outreach	Aggregate Year-to-Date ▼ 560.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>B.</b> Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144437863	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 45.30	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date ▼ 362.39		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$22.65 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>C.</b> T. Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144497863	
Mailing Address 101 Constitution Avenue NW Suite 700 West		Amount of Each Receipt this Period 40.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Occupation Controller	Aggregate Year-to-Date ▼ 320.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Semi-Monthly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	125.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<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"/>	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144587863	
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 26.92	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Research Aggregate Year-to-Date ▼ 215.35		
		P/R Deduction (\$13.46 Semi-Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144967863	
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Gregory F. Jenner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77525897863	
Mailing Address 101 Constitution Avenue Nw Suite 700		Amount of Each Receipt this Period 435.72	
City Washington State DC Zip Code 20080-0001	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President, Taxes Aggregate Year-to-Date ▼ 3257.16		
		P/R Deduction (\$217.86 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	512.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 27
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79688797863
Mailing Address 7 Daydilly Court		Amount of Each Receipt this Period 40.00
City Wilmington	State DE	Zip Code 19808-1951
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs Monica M Hainer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR79811447863
Mailing Address 130 Wentworth Drive		Amount of Each Receipt this Period 60.00
City Lansdale	State PA	Zip Code 19446-1671
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80514917863
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 131.34
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$65.67 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.71	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	231.34
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 27	
	(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. Wayne Mehlman

Mailing Address 101 Constitution Avenue, 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 Counsel, Insurance Regulation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y

**Transaction ID: PR90481957863**

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	8705.40

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 27
	(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 Enterprise Mutual Holding Co. PAC

Mailing Address 601 6th Avenue

City State Zip Code  
Des Moines IA 50334

FEC ID number of contributing federal political committee. **C** C00367524

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	6

Transaction ID: 16292144

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

# 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)

PAGE 23 / 27

<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

Full Name (Last, First, Middle Initial) <b>A. Cantor for Congress</b>		Transaction ID: 16590688 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Eric Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Carper for Senate</b>		Transaction ID: 16590678 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Thomas Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McNulty for Congress</b>		Transaction ID: 16590675 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 1000.00
City Green Island State NY Zip Code 12183	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Michael McNulty		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 24 / 27

<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

Full Name (Last, First, Middle Initial) <b>A. Devin Nunes Campaign Committee</b>		<b>Transaction ID:</b> 16590677 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO Box 6545		Amount of Each Disbursement this Period 1000.00
City Visalia State CA Zip Code 93290	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Devin Nunes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Price For Congress</b>		<b>Transaction ID:</b> 16590687 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas Price, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Senator Rockefeller</b>		<b>Transaction ID:</b> 16590683 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25327	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Rockefeller		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 25 / 27

<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

Full Name (Last, First, Middle Initial) <b>A. Stabenow for US Senate</b>		Transaction ID: 16590686 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00	
City East Lansing State MI Zip Code 48826	Purpose of Disbursement 011 Category/ Type		
Candidate Name Debbie Stabenow			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of John Tanner</b>		Transaction ID: 16590676 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address P.O. Box 3301		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement 011 Category/ Type		
Candidate Name John Tanner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

8000.00

**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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Daniels for State Representative</b>		<b>Transaction ID:</b> 16590692 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 440 North Street		Amount of Each Disbursement this Period 500.00
City Greenfield State OH Zip Code 45123	David Daniels, STATE HOUSE 86th OH	
Purpose of Disbursement David Daniels, STATE HOUSE 86th OH		011 Category/ Type
Candidate Name OH Rep. David Daniels		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 86	

Full Name (Last, First, Middle Initial) <b>B. Hoeven Committee</b>		<b>Transaction ID:</b> 16320447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 952		Amount of Each Disbursement this Period 200.00
City Bismarck State ND Zip Code	John Hoeven, GOVERNOR ND	
Purpose of Disbursement John Hoeven, GOVERNOR ND		011 Category/ Type
Candidate Name Mr. John Hoeven		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District:	

Full Name (Last, First, Middle Initial) <b>C. Husted for Ohio</b>		<b>Transaction ID:</b> 16590698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 148 Sherbrooke Drive		Amount of Each Disbursement this Period 500.00
City Kettering State OH Zip Code 45429	Jon Husted, STATE HOUSE 37th OH	
Purpose of Disbursement Jon Husted, STATE HOUSE 37th OH		011 Category/ Type
Candidate Name OH Rep. Jon Husted		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 37	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

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<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

Full Name (Last, First, Middle Initial) <b>A. Geoffrey C. Smith Committee</b>		Transaction ID: 16590695 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 865 Macon Alley		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43206	Purpose of Disbursement Geoffrey Smith, STATE HOUSE 24th OH Candidate Name OH Rep. Geoffrey Smith	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Geoffrey Smith, STATE HOUSE 24th OH		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1700.00</b>