



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		24247.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	27997.95									
(c) Total Receipts (from Line 19) .....	51931.98	151832.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79929.93	176079.93								
7. Total Disbursements (from Line 31) .....	41225.00	137375.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38704.93	38704.93								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	12477.70	32125.75
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	6954.28	23206.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	19431.98	55332.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	32500.00	91500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	51931.98	146832.59
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	5000.00
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)) .....	51931.98	151832.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51931.98	151832.59

**DETAILED SUMMARY PAGE**

of Disbursements

<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.....	38225.00	131875.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3000.00	5500.00
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))..	41225.00	137375.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41225.00	137375.00

**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) .....	51931.98	146832.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51931.98	146832.59
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 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Mary Ann H. Peltier

Mailing Address 2301 Brambleton Avenue, SW

City State Zip Code  
Roanoke VA 24015-4701

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

Name of Employer Occupation  
Shenandoah Life Insurance Senior Vice President and Chief Actuar  
Company

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

**Transaction ID:** 24162296

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Musen

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
Chesterfield MO 63017-6039

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

Name of Employer Occupation  
RGA Reinsurance Company EVP

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

**Transaction ID:** 24171080

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
William L. Hutton

Mailing Address 9225 Matthews Lane

City State Zip Code  
Saint Louis MO 63127-1341

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

Name of Employer Occupation  
RGA Reinsurance Group of Assistant General Counsel  
America

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

**Transaction ID:** 24171082

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 / 31
	<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) Gene Patrick Berry	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address 2301 Brambleton Avenue, SW	<b>Transaction ID:</b> 24202295
	City State Zip Code Roanoke VA 24015-4701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Shenandoah Life Insurance Company Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert W. Clark	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address P. O. Box 12847	<b>Transaction ID:</b> 24202304
	City State Zip Code Roanoke VA 24029-2847	Amount of Each Receipt this Period 725.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Shenandoah Life Insurance Company Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Bruce W. Boyea	Date of Receipt MM / DD / YYYY 04 / 08 / 2008
	Mailing Address 100 Court Street	<b>Transaction ID:</b> 24202738
	City State Zip Code Binghamton NY 13901-3479	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Security Mutual Life Insurance Company Occupation: Chr of the Bd, 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) .....	2025.00
<b>TOTAL</b> 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 8 / 31
	<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 Howell M Palmer		Date of Receipt
	Mailing Address P.O. Box 166		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Great Barrington	MA	01230-0166
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 24202742
Name of Employer Security Mutual Life Insurance Company		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Laurie A Hubbard		Date of Receipt
	Mailing Address 16590 SE 161st Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Renton	WA	98058-4226
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 24331063
Name of Employer Symetra Financial Corporation		Occupation Vice President, Director of Tax	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack B. Lay		Date of Receipt
	Mailing Address 432 Mosley Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Creve Coeur	MO	63141-7631
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 24335187
Name of Employer RGA Reinsurance Group of America		Occupation EVP & CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31  
(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. John D. Johns

Mailing Address 2749 Southwood Road

City State Zip Code  
Birmingham AL 35223-1228

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

Name of Employer Protective Life Corporation  
Occupation Chairman, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** 24336566

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Albert Greig Woodring

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
Chesterfield MO 63017-6039

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

Name of Employer Reinsurance Group of America, Incorp  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 24383677

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James E. Sherman

Mailing Address 3146 Hawthorne Blvd

City State Zip Code  
Saint Louis MO 63104-1606

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

Name of Employer RGA Reinsurance Group of America  
Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 24383678

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 10 / 31  
(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)  
Mark D. Buehrer

Mailing Address 1209 Newport Landing

City State Zip Code  
Fenton MO 63026-6906

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

Name of Employer  
RGA Reinsurance Group of America

Occupation  
Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 24498624

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jaime Correa

Mailing Address 16334 Peppermill Drive

City State Zip Code  
Wildwood MO 63005-6720

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

Name of Employer  
RGA Reinsurance Group of America

Occupation  
Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 24498625

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Debra J. Saltsman

Mailing Address 3852 Hallman Avenue

City State Zip Code  
Collegeville PA 19426-1026

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

Name of Employer  
London Life Reinsurance Company

Occupation  
VP, A&H

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 24500105

Amount of Each Receipt this Period  
206.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1206.00**

**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 11 / 31  
(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. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR1120489713414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 92.34
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	P/R Deduction (\$46.17 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.35	

**B.**

Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID:</b> PR1156427113414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers	Occupation CFO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 32 Lincoln		<b>Transaction ID:</b> PR1503560113414
City Weatogue	State CT	Zip Code 06089-9780
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.60
Name of Employer VantisLife Insurance Company	Occupation President & Chief Executive Officer	P/R Deduction (\$42.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>276.94</b>
<b>TOTAL</b> 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 12 / 31  
(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. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1354.16

Date of Receipt  /  /

**Transaction ID:** PR1550105913414

Amount of Each Receipt this Period 338.54

P/R Deduction (\$169.27 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Counsel

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

Date of Receipt  /  /

**Transaction ID:** PR1554864813414

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1124.65

Date of Receipt  /  /

**Transaction ID:** PR771358213414

Amount of Each Receipt this Period 281.16

P/R Deduction (\$140.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **719.70**

**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 13 / 31  
(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. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.88

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771362413414

Amount of Each Receipt this Period 97.92

P/R Deduction (\$48.96 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation VP, Legislative & Regulatory Informati

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.01

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771369013414

Amount of Each Receipt this Period 52.50

P/R Deduction (\$26.25 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 988.72

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771373213414

Amount of Each Receipt this Period 247.18

P/R Deduction (\$123.59 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **397.60**

**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 14 / 31  
(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. David M. Leifer

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 506.64

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771374013414

Amount of Each Receipt this Period 126.66

P/R Deduction (\$63.33 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771376013414

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR771377113414

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **386.66**

**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 15 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) 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> PR771386413414
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 161.46
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$80.73 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Managing Director, Reinsurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 645.84	

<b>B.</b>	Full Name (Last, First, Middle Initial) 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> PR771395113414
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	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 Occupation Executive Vice President, Federal Rel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.64	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John Pearson	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10075 Red Run Boulevard	<b>Transaction ID:</b> PR771402613414
	City Owings Mills State MD Zip Code 21117-4865	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Weekly)
	Name of Employer Baltimore Life Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>678.12</b>
<b>TOTAL</b> 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 16 / 31  
(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. Morris Goff		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> PR771419313414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 93.72
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$46.86 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.89	

**B.**

Full Name (Last, First, Middle Initial) Frank Keating		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> PR771419713414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation President & CEO	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

**C.**

Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter		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> PR771419813414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & COO	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>927.04</b>
<b>TOTAL</b> 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 17 / 31  
(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) Brenda Nation		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> PR771419913414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Debra K. West		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> PR771421013414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers	Occupation Senior Counsel & Director, Southern Re	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**C.**

Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700 West		<b>Transaction ID:</b> PR771422913414
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 61.76
Name of Employer American Council of Life Insurers	Occupation PAC Director	P/R Deduction (\$30.88 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>261.76</b>
<b>TOTAL</b> 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 18 / 31  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: PR771423213414		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Associate General Counsel, Litigation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771428713414		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 117.08	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$58.54 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.33			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID: PR771428813414		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 124.56	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$62.28 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 498.23			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	321.64
<b>TOTAL</b> 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 19 / 31  
(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)  
David C. Turner

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Sr. Vice President and Corp Sec.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 726.01

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR771428913414

Amount of Each Receipt this Period 181.50

P/R Deduction (\$90.75 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Alane R. Dent

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.33

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR771444313414

Amount of Each Receipt this Period 53.08

P/R Deduction (\$26.54 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.64

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR805149113414

Amount of Each Receipt this Period 142.66

P/R Deduction (\$71.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 377.24

**TOTAL** This Period (last page this line number only) ..... ► 12477.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31  
(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)  
Ohio National Life PAC

Mailing Address One Financial Way

City State Zip Code  
Cincinnati OH 45242

FEC ID number of contributing federal political committee. **C** C00296657

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 8

**Transaction ID:** 24173793

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
ING US PAC

Mailing Address 151 Farmington Ave  
TS31

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing federal political committee. **C** C00184028

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** 24177146

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
American National PAC

Mailing Address One Moody Plaza

City State Zip Code  
Galveston TX 77550

FEC ID number of contributing federal political committee. **C** C00135525

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID:** 24331068

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

**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 21 / 31  
(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)  
Genworth Financial Inc. PAC

Mailing Address 6620 W. Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 17 / 2008  
**Transaction ID:** 24377860  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
John Hancock Financial Services Federal PAC

Mailing Address 200 Clarendon Street

City Boston State MA Zip Code 02116

FEC ID number of contributing federal political committee. **C** C00137265

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 21 / 2008  
**Transaction ID:** 24385044  
 Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
AEGON USA Inc. Political Action Committee

Mailing Address 1111 North Charles Street

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 28 / 2008  
**Transaction ID:** 24498616  
 Amount of Each Receipt this Period: 5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 31	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Massachusetts Mutual Life Ins. Co PAC		Date of Receipt		
	Mailing Address 1295 State Street		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8		
	City Springfield	State MA	Zip Code 01111	<b>Transaction ID:</b> 24523862	
	FEC ID number of contributing federal political committee. <b>C</b> C00118943		Amount of Each Receipt this Period 5000.00		
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	32500.00

**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

A.

Full Name (Last, First, Middle Initial)  
Committee To Elect Gary Ackerman

Transaction ID: 24381483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	0	8

Mailing Address 100 Jericho Quadrangle  
Suite 233

Amount of Each Disbursement this Period

1000.00
---------

City Jericho State NY Zip Code 11753

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Rep. Gary Ackerman

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

B.

Full Name (Last, First, Middle Initial)  
American Council of Life Insurers

Transaction ID: 24389190

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	8

Mailing Address 101 Constitution Ave, NW  
Suite 700

Amount of Each Disbursement this Period

625.00
--------

City Washington State DC Zip Code 20001

Purpose of Disbursement  
In-kind for staff time, use of corporate resources and room rental for event

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

In-kind for staff time,  
use of corporate resources  
and room rental for event

C.

Full Name (Last, First, Middle Initial)  
AMERIPAC

Transaction ID: 24227556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

Mailing Address 499 South Capitol Street, SW  
Suite 414

Amount of Each Disbursement this Period

2500.00
---------

City Washington State DC Zip Code 20003

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4125.00
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TOTAL This Period (last page this line number only) ..... ▶

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**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) Friends Of Sherrod Brown	Transaction ID: 24381478 Date of Disbursement 04 / 21 / 2008
	Mailing Address PO Box 76187 Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Candidate Name Sen. Sherrod Brown Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	

B.	Full Name (Last, First, Middle Initial) Cantor for Congress	Transaction ID: 24381477 Date of Disbursement 04 / 21 / 2008
	Mailing Address P. O. Box 17813	Amount of Each Disbursement this Period 1000.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement Candidate Name Eric Cantor Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	

C.	Full Name (Last, First, Middle Initial) Conservative Opportunity Leadership and Enterprise PAC (COLE PAC)	Transaction ID: 24389191 Date of Disbursement 04 / 23 / 2008
	Mailing Address 12176 Chancery Station Circle	Amount of Each Disbursement this Period 625.00
	City Reston State VA Zip Code 20190	
	Purpose of Disbursement In-kind for staff time, use of corporate resources and room rental for event Candidate Name Category/Type 011	
	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:	<b>[MEMO ITEM]</b> In-kind for staff time, use of corporate resources and room rental for event

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

2000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 24230467 <b>Date of Disbursement:</b>  <table border="1" style="font-size: small;"> <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>0</td><td>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	1	4	/	2	0	0	8												
<p><b>B.</b> Full Name (Last, First, Middle Initial) People for English</p> <p>Mailing Address 104 Hume Ave</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 03</p>	<p><b>Transaction ID:</b> 24381481 <b>Date of Disbursement:</b>  <table border="1" style="font-size: small;"> <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>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	2	1	/	2	0	0	8												
<p><b>C.</b> Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 818 Connecticut Ave, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 24230475 <b>Date of Disbursement:</b>  <table border="1" style="font-size: small;"> <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>0</td><td>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	1	4	/	2	0	0	8												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

# 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind for staff time, use of corporate resources and room rental for event</p> <p>Candidate Name Rep. Christopher Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24389184</p> <p>Date of Disbursement MM / DD / YYYY 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 625.00</p> <p>In-kind for staff time, use of corporate resources and room rental for event</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) National Leadership PAC</p> <p>Mailing Address P.O. Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24381480</p> <p>Date of Disbursement MM / DD / YYYY 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Richard E. Neal for Congress Committee</p> <p>Mailing Address P.O. Box 15906</p> <p>City Chevy Chase State MD Zip Code 20825</p> <p>Purpose of Disbursement</p> <p>Candidate Name Richard Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24381482</p> <p>Date of Disbursement MM / DD / YYYY 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

4125.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) New Democratic Coalition PAC</p> <p>Mailing Address c/o Perkins Coie 607 14th Street, NW, Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 24381479</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO Box 6545</p> <p>City Visalia State CA Zip Code 93290</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Devin Nunes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 21</p>	<p><b>Transaction ID:</b> 24230520</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 08</p>	<p><b>Transaction ID:</b> 24230508</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind for staff time, use of corporate resources and room rental for event</p> <p>Candidate Name Charles Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24389196 <b>Date of Disbursement</b> 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 625.00</p> <p>In-kind for staff time, use of corporate resources and room rental for event</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC</p> <p>Mailing Address 325 7th Street, NW Suite 610</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24381486 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pat Roberts For Senate</p> <p>Mailing Address 228 South Washington Street Suite B-20</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24230496 <b>Date of Disbursement</b> 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

6625.00

**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) Salazar For Senate	Transaction ID: 24230514 Date of Disbursement 04 / 14 / 2008
	Mailing Address 426 C Street, NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Ken Salazar	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: 24381476 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Allyson Schwartz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Windows Catering Company	Transaction ID: 24230478 Date of Disbursement 04 / 14 / 2008
	Mailing Address 5724 General Washington Drive	Amount of Each Disbursement this Period 354.40
	City Alexandria State VA Zip Code 22312	
	Purpose of Disbursement Payment for catering services for 4/10/2008 ACLI hosted event	011 Category/ Type
	Candidate Name Richard Shelby	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2354.40
<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 30 / 31

<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><b>A.</b> Full Name (Last, First, Middle Initial) Shelby for US Senate</p> <p>Mailing Address P.O. Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35401</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Richard Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District:</p>	<p><b>Transaction ID:</b> 24230489 <b>Date of Disbursement</b>  <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>0</td><td>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2995.60</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8	2995.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	4	/	2	0	0	8													
2995.60																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee</p> <p>Mailing Address PO Box 366 C/O C. Bruce Lawrence</p> <p>City Fairport State NY Zip Code 14450</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Louise Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 28</p>	<p><b>Transaction ID:</b> 24381484 <b>Date of Disbursement</b>  <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>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</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	0	4	/	2	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee</p> <p>Mailing Address PO Box 36831</p> <p>City Charlotte State NC Zip Code 28236</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Melvin Watt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 12</p>	<p><b>Transaction ID:</b> 24381485 <b>Date of Disbursement</b>  <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>0</td><td>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</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	0	4	/	2	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	8													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>4995.60</td></tr></table>	4995.60
4995.60		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td>38225.00</td></tr></table>	38225.00
38225.00		

**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

A.	Full Name (Last, First, Middle Initial) Democrats of the Oklahoma State Senate	Transaction ID: 24174589
	Mailing Address P.O. Box 18552	Date of Disbursement MM / DD / YYYY 04 / 04 / 2008
	City Oklahoma City State OK Zip Code 73132	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	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:	

B.	Full Name (Last, First, Middle Initial) Grow Oklahoma PAC	Transaction ID: 24174590
	Mailing Address 2914 W. H Street	Date of Disbursement MM / DD / YYYY 04 / 04 / 2008
	City Jenks State OK Zip Code 74037	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	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:	

C.	Full Name (Last, First, Middle Initial) Republican Senate Victory PAC	Transaction ID: 24174612
	Mailing Address 7308 N. Norman Road	Date of Disbursement MM / DD / YYYY 04 / 04 / 2008
	City Oklahoma City State OK Zip Code 73132	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	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:	

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