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** ▼ — CITY ▲ STATE ▲ ZIPCODE ▲

C00147066

3. IS THIS REPORT — X 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)	X 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 11 01 2005 through 11 30 2005

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 12 08 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 11 01 2005 To: 11 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		51625.41
(b) Cash on Hand at Begining of Reporting Period	62491.29	
(c) Total Receipts (from Line 19)	14423.78	324165.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76915.07	375790.61
7. Total Disbursements (from Line 31)	19272.78	318148.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57642.29	57642.29
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 11 01 2005 To: 11 30 2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6331.44	110680.93
(ii) Unitemized	3092.34	38053.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9423.78	148734.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	175430.30
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	14423.78	324165.20
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))	14423.78	324165.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14423.78	324165.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17777.78	307753.32
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	1495.00	10395.00
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))	19272.78	318148.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	19272.78	318148.32

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14423.78	324165.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14423.78	324165.20
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: PAGE 6 / 29
(check only one)
[X] 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)
Mr Albert T Anrestad
Mailing Address 699 Woodhill Place
City: Owatonna State: MN Zip Code: 55060-2132
FEC ID number of contributing federal political committee: C
Name of Employer: Federated Life Insurance Company
Occupation: Chairman of the Board, President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 04 2005
Transaction ID: 10906396
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Ms. Nina Aponte
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: Staff Accountant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt:
Transaction ID: PR77142534546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Michael J. Bartholomew
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: 975.00
Date of Receipt:
Transaction ID: PR77136284546
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 620.00

TOTAL 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: PAGE 7 / 29
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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. Mark Canter
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, Federal Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 356.68
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141004546
Amount of Each Receipt this Period: 37.88
P/R Deduction ($18.94 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. C. Bryan Cox
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: Regional Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 452.49
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137684546
Amount of Each Receipt this Period: 39.40
P/R Deduction ($19.70 Semi-Monthly)

C.
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: Managing Dir., Conference Development
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1071.60
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136244546
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **177.28**

TOTAL 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

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

A.
Full Name (Last, First, Middle Initial): Ms. Joanne S. Daly
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, Administration
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1650.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136254546
Amount of Each Receipt this Period: 150.00
P/R Deduction ($75.00 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: 460.43
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144434546
Amount of Each Receipt this Period: 42.08
P/R Deduction ($21.04 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): T. Scott Dixon
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: Controller
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144494546
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **232.08**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.
Full Name (Last, First, Middle Initial): Mr. John F. Dolan
Mailing Address: 101 Constitution Ave, 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: Managing Director, Media Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136544546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Ms. Kimberly Dorgan
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, Federal Relatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3151.08
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77138514546
Amount of Each Receipt this Period: 286.46
P/R Deduction ($143.23 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: 1888.86
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137324546
Amount of Each Receipt this Period: 215.62
P/R Deduction ($107.81 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 522.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 P. Gerni
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: Senior Legislative Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1054.24
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142874546
Amount of Each Receipt this Period: 95.84
P/R Deduction ($47.92 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Ms. Olivia Gillis
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: Senior Editor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77140814546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Mr. Morris Goff
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, Taxes
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 796.62
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141834546
Amount of Each Receipt this Period: 72.42
P/R Deduction ($36.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 188.25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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. James D. Hall
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: 330.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137434546
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Susan Harvey
Mailing Address 101 Constitution Ave, 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: Director, Outreach
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77143524546
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman
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: Sr. Vice President, Public Affairs
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 435.38
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137354546
Amount of Each Receipt this Period: 39.58
P/R Deduction ($19.79 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 169.58

TOTAL 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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. 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 Counse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77135824546
Amount of Each Receipt this Period: 250.00
P/R Deduction ($125.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr. Michael J. Hunter
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 President & COO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 4500.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141984546
Amount of Each Receipt this Period: 500.00
P/R Deduction ($250.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Mr. Gregory F. Jenner
Mailing Address: 101 Constitution Avenue Nw, Suite 700
City: Washington State: DC Zip Code: 20080-0001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice President, Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77525894546
Amount of Each Receipt this Period: 375.00
P/R Deduction ($187.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1125.00**

TOTAL 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Frank Keating
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: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3749.96
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141974546
Amount of Each Receipt this Period: 416.66
P/R Deduction ($208.33 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Miriam Krol
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: Senior Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77143404546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms. Linda L. Lanam
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, Annuities
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 660.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137734546
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 496.66

TOTAL 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: PAGE 14 / 29
(check only one)
[X] 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. 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: 986.04
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137404546
Amount of Each Receipt this Period: 89.64
P/R Deduction ($44.82 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Kymonda Lewis
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: Senior Legal Editor
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 208.38
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77143964546
Amount of Each Receipt this Period: 18.76
P/R Deduction ($9.38 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Michael Lovenduskey
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: Assoc. General Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142114546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 128.40

TOTAL 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: PAGE 15 / 29
(check only one)
[X] 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. Daniel J. Mahoney
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, Communications
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1182.50
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142094546
Amount of Each Receipt this Period: 107.50
P/R Deduction ($53.75 Semi-Monthly)

B.
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: 1675.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137714546
Amount of Each Receipt this Period: 200.00
P/R Deduction ($100.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Andrew Melnyk
Mailing Address 101 Constitution Avenue 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: Director, Research
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 270.75
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144584546
Amount of Each Receipt this Period: 25.62
P/R Deduction ($12.81 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **333.12**

TOTAL 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: PAGE 16 / 29
(check only one)
[X] 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)
Ms. Roberta B. Meyer
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: Assoc. General Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136274546
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Brenda Nelson
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: 1100.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141694546
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 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, Financial Services
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 443.31
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR80514914546
Amount of Each Receipt this Period: 126.66
P/R Deduction ($63.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 246.66

TOTAL 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: PAGE 17 / 29
(check only one)
[X] 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. Donald G. Preston Jr.
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: Managing Director, Reinsurance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1419.10
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77138844546
Amount of Each Receipt this Period: 136.98
P/R Deduction ($68.49 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: 440.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136804546
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Thomas E. Rettmann
Mailing Address 836 Overbrook Drive
City: Vestal State: NY Zip Code: 13850-2548
FEC ID number of contributing federal political committee: C
Name of Employer: Columbian Mutual Life Insurance Compan
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1425.00
Date of Receipt: M M / D D / Y Y Y Y
11 23 2005
Transaction ID: 10488449
Amount of Each Receipt this Period: 1425.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1601.98**

TOTAL 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

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(check only one)
[X] 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. Juan Carlos Scott
Mailing Address 101 Constitution Ave, 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, Federal Relations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 656.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142864546
Amount of Each Receipt this Period: 104.50
P/R Deduction ($52.25 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Nancy Smith
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 Assistant
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 330.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142004546
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms. Julie A. Spiezio
Mailing Address 101 Constitution Avenue 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: Senior Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144864546
Amount of Each Receipt this Period: 50.00
P/R Deduction ($25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 184.50

TOTAL 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: PAGE 19 / 29
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[X] 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: 729.20
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142894546
Amount of Each Receipt this Period: 145.84
P/R Deduction ($72.92 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: 660.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137604546
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Ms. Debra K. West
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 & Director, Southern Re
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142104546
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **305.84**

TOTAL This Period (last page this line number only) ..... ▶ **6331.44**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 29
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated Political Action Cmte

Mailing Address 1932 Wynnton Road

City: Columbus
State: GA
Zip Code: 31999

FEC ID number of contributing federal political committee. C C00094157

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 07 2005

Transaction ID: 10413984

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5000.00

TOTAL This Period (last page this line number only) ..... ▶ 5000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)
Andrews for Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City: Haddon Heights | State: NJ | Zip Code: 08035

Purpose of Disbursement

Candidate Name: Robert Andrews

Category/Type: 011

Office Sought: X House / Senate / President
State: NJ District: 1

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307686
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1391.36

B.
Full Name (Last, First, Middle Initial)
Catering by Windows

Mailing Address 1125 North Royal Street

City: Alexandria | State: VA | Zip Code: 22314

Purpose of Disbursement
In-Kind Contribution

Candidate Name: Robert Andrews

Category/Type: 011

Office Sought: X House / Senate / President
State: NJ District: 1

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307690
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 108.64

In-Kind Contribution

C.
Full Name (Last, First, Middle Initial)
Judy Biggert for Congress

Mailing Address P.O. Box 637

City: Hinsdale | State: IL | Zip Code: 60522

Purpose of Disbursement

Candidate Name: Judy Biggert

Category/Type: 011

Office Sought: X House / Senate / President
State: IL District: 13

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307679
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)
Michael Burgess For Congress

Mailing Address PO Box 2334

City: Denton | State: TX | Zip Code: 76202

Purpose of Disbursement

Candidate Name: Rep. Michael Burgess, M.D.

011 Category/Type

Office Sought: X House / Senate / President

State: TX District: 26

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307696
Date of Disbursement: 11 / 03 / 2005

Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
Chocola for Congress Inc

Mailing Address PO Box 6728

City: South Bend | State: IN | Zip Code: 46660

Purpose of Disbursement
Void - Chocola for Congress Inc-Not rece

Candidate Name: Chris Chocola

011 Category/Type

Office Sought: X House / Senate / President

State: IN District: 2

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307716
Date of Disbursement: 11 / 03 / 2005

Amount of Each Disbursement this Period: -1000.00

Void - Chocola for Congre-
ss Inc-Not received

C.
Full Name (Last, First, Middle Initial)
Chocola for Congress Inc

Mailing Address PO Box 6728

City: South Bend | State: IN | Zip Code: 46660

Purpose of Disbursement

Candidate Name: Chris Chocola

011 Category/Type

Office Sought: X House / Senate / President

State: IN District: 2

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307717
Date of Disbursement: 11 / 03 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 for the Preservation of Capitalism

Mailing Address P.O. Box 22614

City: Alexandria | State: VA | Zip Code: 22304

Purpose of Disbursement

Candidate Name

011 Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10307701
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Friends of Rahm Emanuel

Mailing Address Attn: Anne Olaimey
P.O. Box 101124

City: Chicago | State: IL | Zip Code: 60610

Purpose of Disbursement

Candidate Name: Rahm Emanuel

011 Category/Type

Office Sought: X House / Senate / President

State: IL District: 5

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10413865
Date of Disbursement: 11/15/2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
People with Hart

Mailing Address 217 Executive Drive
Suite 102

City: Cranberry Township | State: PA | Zip Code: 16066

Purpose of Disbursement

Candidate Name: Melissa Hart

011 Category/Type

Office Sought: X House / Senate / President

State: PA District: 4

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307693
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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): Hoyer for Congress
Mailing Address: 7905 Malcolm Road Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement: Void - Hoyer for Congress (Never Receive
Category/Type: 011
Candidate Name: Steny Hoyer
Office Sought: X House / Senate / President
State: MD District: 5
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10307711
Date of Disbursement: 11/03/2005
Amount of Each Disbursement this Period: -2000.00
Void - Hoyer for Congress (Never Received)

B.
Full Name (Last, First, Middle Initial): Hoyer for Congress
Mailing Address: 7905 Malcolm Road Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement: Replacement for 5/5/05 Check-Never Recei
Category/Type: 011
Candidate Name: Steny Hoyer
Office Sought: X House / Senate / President
State: MD District: 5
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10307713
Date of Disbursement: 11/03/2005
Amount of Each Disbursement this Period: 2000.00
Replacement for 5/5/05 Check-Never Received

C.
Full Name (Last, First, Middle Initial): Moore for Congress
Mailing Address: PO Box 14631
City: Shawnee Mission | State: KS | Zip Code: 66285
Purpose of Disbursement:
Category/Type: 011
Candidate Name: Dennis Moore
Office Sought: X House / Senate / President
State: KS District: 3
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10413891
Date of Disbursement: 11/15/2005
Amount of Each Disbursement this Period: 2000.00

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)
Bob Ney for Congress

Mailing Address PO Box 490

City: St Clairsville | State: OH | Zip Code: 43950

Purpose of Disbursement

Candidate Name: Bob Ney

011 Category/Type

Office Sought: X House / Senate / President

State: OH District: 18

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10413860
Date of Disbursement: 11/15/2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Reynolds for Congress

Mailing Address PO Box 15388 Pittsford

City: Rochester | State: NY | Zip Code: 14615

Purpose of Disbursement

Candidate Name: Thomas Reynolds

011 Category/Type

Office Sought: X House / Senate / President

State: NY District: 26

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10307698
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Santorum 2006

Mailing Address PO Box 10495

City: Pittsburgh | State: PA | Zip Code: 15234

Purpose of Disbursement

Candidate Name: Rick Santorum

011 Category/Type

Office Sought: X Senate / House / President

State: PA District: 2

Disbursement For: 2006 X Primary / General / Other (specify)

Transaction ID: 10413894
Date of Disbursement: 11/15/2005

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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)
Stabenow for US Senate

Mailing Address PO Box 4945

City: East Lansing | State: MI | Zip Code: 48826

Purpose of Disbursement

Candidate Name: Debbie Stabenow

Category/Type: 011

Office Sought: ☐ House ☒ Senate ☐ President
State: MI District: 2

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 10307694
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Friends of John Tanner

Mailing Address P.O. Box 3301

City: Alexandria | State: VA | Zip Code: 22302

Purpose of Disbursement

Candidate Name: John Tanner

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 8

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 10307704
Date of Disbursement: 11/03/2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City: Sacramento | State: CA | Zip Code: 95841

Purpose of Disbursement

Candidate Name: Rep. Michael Thompson

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 1

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 10413893
Date of Disbursement: 11/15/2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

A. Full Name (Last, First, Middle Initial)
Catering by Windows

Mailing Address 1125 North Royal Street

City: Alexandria
State: VA
Zip Code: 22314

Purpose of Disbursement
In-Kind Contribution

Category/Type: 011

Candidate Name
Mr. Juan Vargas

Office Sought: X House / Senate / President
State: CA District: 51

Disbursement For: X Primary / General / Other (specify)
2006

Transaction ID: 10307682
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
277.78

In-Kind Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 277.78

TOTAL This Period (last page this line number only) ..... ▶ 17777.78

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

A.
Full Name (Last, First, Middle Initial): Batchelder for Representative
Mailing Address: 105 W. Liberty
City: Medina State: OH Zip Code: 44256
Purpose of Disbursement: William Batchelder, STATE HOUSE 69th OH
Category/Type: 011
Candidate Name: Mr. William Batchelder
Office Sought: X House / Senate / President
State: OH District: 69
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10392712
Date of Disbursement: 11/09/2005
Amount of Each Disbursement this Period: 500.00
William Batchelder, STATE HOUSE 69th OH

B.
Full Name (Last, First, Middle Initial): Holland for Oklahoma
Mailing Address: P.O. Box 521004
City: Tulsa State: OK Zip Code: 74152
Purpose of Disbursement: Kim Holland, INSURANCE COMMISS. OK
Category/Type: 011
Candidate Name: Ms. Kim Holland
Office Sought: House / Senate / President
State: OK District:
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10392521
Date of Disbursement: 11/09/2005
Amount of Each Disbursement this Period: 495.00
Kim Holland, INSURANCE COMMISS. OK

C.
Full Name (Last, First, Middle Initial): Chief Justice Nabers for Supreme Court
Mailing Address: P.O. Box 550310
City: Birmingham State: AL Zip Code: 35255
Purpose of Disbursement: Drayton Nabers, SUPREME CT JUSTICE AL
Category/Type: 011
Candidate Name: Mr. Drayton Nabers, Jr.
Office Sought: House / Senate / President
State: AL District:
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10392713
Date of Disbursement: 11/09/2005
Amount of Each Disbursement this Period: 1000.00
Drayton Nabers, SUPREME CT JUSTICE AL

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1995.00**

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)

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

A. Full Name (Last, First, Middle Initial)
Republican Victory Fund

Mailing Address P.O. Box 80

City: Gaysville
State: VT
Zip Code: 05746

Purpose of Disbursement
Void - Republican Victory Fund (Never Re

Candidate Name

Category/Type: 011

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 10307750
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
-500.00

Void - Republican Victory Fund (Never Received)

SUBTOTAL of Disbursements This Page (optional) ..... ▶	-500.00
TOTAL This Period (last page this line number only) ..... ▶	1495.00