

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

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 08 05 2008

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									
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FEC FORM 3X
(Rev. 12/2004)

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

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	38846.00									
(c) Total Receipts (from Line 19)	24798.21	262533.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63644.21	286781.21								
7. Total Disbursements (from Line 31)	26085.25	249222.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37558.96	37558.96								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

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	8624.68	73802.47
(i) Itemized (use Schedule A)		
(ii) Unitemized	5173.53	32731.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13798.21	106533.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11000.00	151000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24798.21	257533.87
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))	24798.21	262533.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24798.21	262533.87

DETAILED SUMMARY PAGE

of Disbursements

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.....	26085.25	240422.25
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.....	0.00	8800.00
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))..	26085.25	249222.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26085.25	249222.25

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	24798.21	257533.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24798.21	257533.87
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 / 32

(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

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)
Western-Southern PAC

Mailing Address 400 Broadway

City State Zip Code
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00258228

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
07 / 01 / 2008

Transaction ID: 25313828

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
CC Services INC Country PAC

Mailing Address 1705 Towanda Avenue

City State Zip Code
Bloomington IL 61701

FEC ID number of contributing federal political committee. **C** C00390971

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
07 / 28 / 2008

Transaction ID: 25656907

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Modern Woodmen of America PAC

Mailing Address 1701 First Avenue

City State Zip Code
Rock Island IL 61201

FEC ID number of contributing federal political committee. **C** C00184382

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 25677591

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

11000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 32
(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. Gary J. Gaspar

Mailing Address 525 West Van Buren

City Chicago State IL Zip Code 60607-3823

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

Name of Employer North American Company for Life & Heal Occupation Senior Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 03 / 2008
Transaction ID: 25422037
Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Mr. Donald T. Lyons

Mailing Address 4601 Westown Parkway Suite 300

City West Des Moines State IA Zip Code 50266-1041

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

Name of Employer Midland National Life Insurance Compan Occupation Senior Vice President and Corp. Actuar

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 03 / 2008
Transaction ID: 25422144
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Garth A. Garlock

Mailing Address 525 West Van Buren

City Chicago State IL Zip Code 60607-3823

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

Name of Employer North American Company for Life & Heal Occupation Senior Vice President & Chief Marketin

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 03 / 2008
Transaction ID: 25422322
Amount of Each Receipt this Period 300.00

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 8 / 32
	<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. Brian P. Rohr		Date of Receipt
	Mailing Address 525 West Van Buren		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60607-3823
	FEC ID number of contributing federal political committee. C		Transaction ID: 25422438
Name of Employer Sammons Financial Group		Occupation SVP, Organization Development	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 ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Mr. Roger N. Levy		Date of Receipt
	Mailing Address 11201 Robert Carter Road		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fairfax Station	VA	22039-1326
	FEC ID number of contributing federal political committee. C		Transaction ID: 25459613
Name of Employer Genworth Financial		Occupation Senior 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 ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Mr. Michael Haley		Date of Receipt
	Mailing Address 160 N. Euclid		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oak Park	IL	60302-2106
	FEC ID number of contributing federal political committee. C		Transaction ID: 25462862
Name of Employer Sammons Financial Group		Occupation Senior Vice President, Human Resources	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 ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL 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: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mr. Ron G. Ottenbacher

Mailing Address 2001 Rose Creek Drive

City State Zip Code
Fargo ND 58104-6804

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

Name of Employer
Midland National Life Insurance Company

Occupation
SVP, Corporate Markets

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: 25463054

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Ms Linda M Izzo

Mailing Address 40 Gloria Drive

City State Zip Code
Bridgewater MA 02324-2100

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

Name of Employer
Boston Mutual Life Insurance Company

Occupation
Vice President, IIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: 25609365

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Clifford A. Lange

Mailing Address 110 Elm Street

City State Zip Code
Medfield MA 02052-2823

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

Name of Employer
Boston Mutual Life Insurance Company

Occupation
Vice President, CFO & Cheif Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: 25643658

Amount of Each Receipt this Period
300.00

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 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr Walter J Gorski	Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 5 Deer Run P.O. Box 1440	Transaction ID: 25643659
	City East Orleans State MA Zip Code 02642	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Boston Mutual Life Insurance Company	Occupation Vice President, General Counsel & Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1120489714210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 92.34
	FEC ID number of contributing federal political committee. C	
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 646.37	P/R Deduction (\$46.17 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1156427114210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Council of Life Insurers	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	492.34
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 / 32
(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. Peter L. Tedone		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 32 Lincoln		Transaction ID: PR1503560114210
	City Weatogue	State CT	Zip Code 06089-9780
	FEC ID number of contributing federal political committee. C		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 ▼ 634.50		

B.	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Transaction ID: PR1550105914210
	City Washington	State DC	Zip Code 20001-2140
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 338.54
	Name of Employer American Council of Life Insurers	Occupation Executive Vice President	P/R Deduction (\$169.27 Se-mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2369.78		

C.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sikora		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 866 Crestgate Circle		Transaction ID: PR1553146914210
	City Orlando	State FL	Zip Code 32819
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer Hannover Life Reassurance Company of A	Occupation SVP & Chief Actuary	P/R Deduction (\$20.00 Sem-i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional)	463.14
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 12 / 32
(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. 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 ▼ 700.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1554864814210

Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Gail Steinberg

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 Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR1565786714210

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 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 ▼ 1968.13

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771358214210

Amount of Each Receipt this Period 281.16

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

SUBTOTAL of Receipts This Page (optional) ▶ **421.16**

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 / 32
(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)
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 ▼ 690.64

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771362414210
 Amount of Each Receipt this Period 97.92
 P/R Deduction (\$48.96 Semi-Monthly)

B. 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 ▼ 450.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771362814210
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

C. 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 Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771365414210
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 257.92

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 / 32
(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)
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 ▼ 367.51

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771369014210
Amount of Each Receipt this Period 52.50
P/R Deduction (\$26.25 Semi-Monthly)

B. 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 ▼ 1730.26

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771373214210
Amount of Each Receipt this Period 247.18
P/R Deduction (\$123.59 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 ▼ 317.66

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771373514210
Amount of Each Receipt this Period 45.38
P/R Deduction (\$22.69 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 345.06

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 15 / 32
(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. 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 ▼ 886.62

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771374014210
Amount of Each Receipt this Period 126.66
P/R Deduction (\$63.33 Semi-Monthly)

B. 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 ▼ 210.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771374314210
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Semi-Monthly)

C. 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 ▼ 420.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771376014210
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 216.66

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 16 / 32
	<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. C. Bryan Cox	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771376814210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 45.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.75 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 318.50	

B.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771377114210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1400.00	

C.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771386414210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 161.46
	FEC ID number of contributing federal political committee. C	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 1130.22	

SUBTOTAL of Receipts This Page (optional)	406.96
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 17 / 32
	<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) Ms. Kimberly Dorgan	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771395114210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Vice President, Federal Rela Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.62	

B.	Full Name (Last, First, Middle Initial) Mr. John Pearson	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 10075 Red Run Boulevard	Transaction ID: PR771402614210
	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. C	P/R Deduction (\$50.00 Bi- 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 ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771412114210
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 28.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.33 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Excutive Secretary, Office of the Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.62	

SUBTOTAL of Receipts This Page (optional)	545.32
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 18 / 32
(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

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, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 656.05

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771419314210
Amount of Each Receipt this Period 93.72
P/R Deduction (\$46.86 Semi-Monthly)

B.

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 ▼ 2916.62

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771419714210
Amount of Each Receipt this Period 416.66
P/R Deduction (\$208.33 Semi-Monthly)

C.

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 ▼ 2916.62

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771419814210
Amount of Each Receipt this Period 416.66
P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 927.04

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 19 / 32
(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

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 ▼ 700.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771419914210

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 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 ▼ 210.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771420014210

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 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 ▼ 700.00

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771421014210

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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 20 / 32
(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)
Ms. Katherine C. Smith

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 PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 432.31

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771422914210
 Amount of Each Receipt this Period 61.76
 P/R Deduction (\$30.88 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Lisa Tate

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 Associate General Counsel, Litigation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771423214210
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Semi-Monthly)

C. 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 ▼ 819.57

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771428714210
 Amount of Each Receipt this Period 117.08
 P/R Deduction (\$58.54 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 258.84

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 / 32
(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. 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 Senior Vice President, Federal Relatio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 871.91

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771428814210

Amount of Each Receipt this Period 124.56

P/R Deduction (\$62.28 Semi-Monthly)

B.

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 ▼ 1270.51

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771428914210

Amount of Each Receipt this Period 181.50

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

C.

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 ▼ 371.57

Date of Receipt 07 / 31 / 2008

Transaction ID: PR771444314210

Amount of Each Receipt this Period 53.08

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

SUBTOTAL of Receipts This Page (optional) ▶ **359.14**

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 / 32
(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)
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 ▼ 280.00

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771444914210
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Semi-Monthly)

B.

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 ▼ 209.01

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771445814210
Amount of Each Receipt this Period 29.86
P/R Deduction (\$14.93 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mrs. Courtney English

Mailing Address 101 Constitution Avenue 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 Director, Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 242.07

Date of Receipt 07 / 31 / 2008
Transaction ID: PR771449414210
Amount of Each Receipt this Period 34.58
P/R Deduction (\$17.29 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **104.44**

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 23 / 32
	<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) Ms. Julie A. Spiezio	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Avenue NW Suite 700	Transaction ID: PR771449614210
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Mrs Monica M Hainer	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 130 Wentworth Drive	Transaction ID: PR798114414210
	City State Zip Code Lansdale PA 19446-1671	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.00 Bi-Weekly)
	Name of Employer London Life Reinsurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 243.00	

C.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR805149114210
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 142.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$71.33 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 998.62	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 32	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: PR904819514210
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	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 ▼ <input type="text" value="350.00"/>	<input type="text" value="50.00"/>
		P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="8624.68"/>

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) MENUS Catering by Occasions	Transaction ID: 25634780 Date of Disbursement 07 / 23 / 2008
	Mailing Address 5458 Third Street NE	Amount of Each Disbursement this Period 210.25
	City Washington State DC Zip Code 20011	
	Purpose of Disbursement In-kind catering contribution for 6-19-08 meet and greet breakfast	011 Category/ Type
	Candidate Name Rep. Charles Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		In-kind catering contribu- tion for 6-19-08 meet and greet breakfast

B.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 25634863 Date of Disbursement 07 / 23 / 2008
	Mailing Address P O Box 38585	Amount of Each Disbursement this Period 1000.00
	City Dallas State TX Zip Code 75238	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Pete Sessions	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) New Hampshire Republican State Committee	Transaction ID: 25634866 Date of Disbursement 07 / 23 / 2008
	Mailing Address 10 Water Street	Amount of Each Disbursement this Period 1000.00
	City Concord State NH Zip Code 03301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2210.25
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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<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) Price For Congress	Transaction ID: 25634878 Date of Disbursement
	Mailing Address PO Box 425	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Thomas Price, M.D.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones for US Congress	Transaction ID: 25634894 Date of Disbursement
	Mailing Address Attn: Carole Becerra, Suite 331 3645 Warrensville Center Road	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Shaker Heights State OH Zip Code 44122	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1116.25"/>
	Candidate Name Stephanie Jones	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 25634948 Date of Disbursement
	Mailing Address 5458 Third Street NE	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="23"/> <input type="text" value="23"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind for catering for 7-11-08 breakfast	<input type="text" value="258.75"/>
	Candidate Name Stephanie Jones	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2375.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) ERICPAC</p> <p>Mailing Address 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 25634949 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congress</p> <p>Mailing Address 111 Nw 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Kendrick Meek</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) ▼ State: FL District: 17</p>	<p>Transaction ID: 25634962 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address P.O. Box 636</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John Lewis</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) ▼ State: GA District: 05</p>	<p>Transaction ID: 25635030 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

<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) Continuing a Majority Policial Action Committee (CAMPAC)	Transaction ID: 25635046 Date of Disbursement 07 / 23 / 2008	
	Mailing Address 5915 Eastman Avenue Suite 100		
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Name Continuing a Majority Policial Action Committee (CAMPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	
B.	Full Name (Last, First, Middle Initial) Enzi For U.S. Senate	Transaction ID: 25635047 Date of Disbursement 07 / 23 / 2008	
	Mailing Address P.O. Box 2775		
	City Cody State WY Zip Code 82414	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Sen. Michael Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	
C.	Full Name (Last, First, Middle Initial) Citizens for Bunning	Transaction ID: 25635050 Date of Disbursement 07 / 23 / 2008	
	Mailing Address 1717 Dixie Highway Suite 180		
	City Ft Wright State KY Zip Code 41011	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Jim Bunning Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type	

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)

<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) Crowley for Congress	Transaction ID: 25635051 Date of Disbursement 07 / 23 / 2008
	Mailing Address 422 C Street, NE Lower Level	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Joseph Crowley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: 25635053 Date of Disbursement 07 / 23 / 2008
	Mailing Address 911 Welsh Ayres Way	Amount of Each Disbursement this Period 1000.00
	City Downingtown State PA Zip Code 19335	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Jim Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Impact America	Transaction ID: 25635054 Date of Disbursement 07 / 23 / 2008
	Mailing Address 900 19th Street, NW 8th Floor	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Impact America	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address 303 Massachusetts Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: RI District:</p>	<p>Transaction ID: 25635060 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address 303 Massachusetts Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:</p>	<p>Transaction ID: 25635061 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jon Kyl for U.S. Senate</p> <p>Mailing Address 507 Capitol Court, NE Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Jon Kyl</p> <p>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: AZ District:</p>	<p>Transaction ID: 25635083 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>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 011 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 12</p>	<p>Transaction ID: 25635125 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John Larson</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) ▼ State: CT District: 01</p>	<p>Transaction ID: 25635165 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Dennis Moore</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) ▼ State: KS District: 03</p>	<p>Transaction ID: 25635191 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

<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)

Tuesday Group PAC

Mailing Address P. O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

011
Category/
Type

Candidate Name
Tuesday Group PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 25635232

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

26085.25