

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 11 01 2007 through 11 30 2007

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 01 17 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**

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	22757.21									
(c) Total Receipts (from Line 19)	19072.45	306217.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41829.66	341305.87								
7. Total Disbursements (from Line 31)	22850.00	322326.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18979.66	18979.66								
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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	9255.20	91756.51
(i) Itemized (use Schedule A)	3817.25	39961.31
(ii) Unitemized	13072.45	131717.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6000.00	174500.00
(c) Other Political Committees (such as PACs)	19072.45	306217.82
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19072.45	306217.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19072.45	306217.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	14750.00	306776.21
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.....	8100.00	15550.00
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))..	22850.00	322326.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22850.00	322326.21

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	19072.45	306217.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19072.45	306217.82
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 / 37
(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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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. Thomas E. Rattmann

Mailing Address 836 Overbrook Drive

City Vestal State NY Zip Code 13850-2946

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

Name of Employer: Columbian Mutual Life Insurance Company
Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 01 / 2007
Transaction ID: 22096375
 Amount of Each Receipt this Period: 550.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard E Bauer

Mailing Address 550 Bair Road

City Berwyn State PA Zip Code 19312-1412

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

Name of Employer: Columbian Mutual Life Insurance Company
Occupation: Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 01 / 2007
Transaction ID: 22096377
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregory A. Hamilton

Mailing Address 8810 W. 147th Terrace

City Overland Park State KS Zip Code 66221-2188

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

Name of Employer: Americo Financial Life and Annuity Ins
Occupation: Vice President & Director, Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 07 / 2007
Transaction ID: 22133426
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<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) Ms. Cathy Ann Hunt		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address P.O. Box 563		Transaction ID: 22133629		
	City Platte City	State MO	Zip Code 64079-0563	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Great Southern Life Insurance Company	Occupation Vice President, Compliance	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr Jack L Fortini		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address 11428 W. 106th ST		Transaction ID: 22133630		
	City Overland Park	State KS	Zip Code 66214-2692	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Americo Financial Life and Annuity Ins	Occupation Vice President, Counsel & Secretary	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. William T. Marden		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address 13411 W. 128th Terrace		Transaction ID: 22133631		
	City Overland Park	State KS	Zip Code 66213-3840	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Americo Financial Life and Annuity Ins	Occupation Chief Operating Officer	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 37
	<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. James L. Anderson	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address P.O. Box 13487	Transaction ID: 22133632
	City State Zip Code Kansas City MO 64199-3487	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Americo Financial Life and Annuity Ins	Occupation Senior Vice President, Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark K. Fallon	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 2209 W. 126th Street	Transaction ID: 22133633
	City State Zip Code Leawood KS 66209-1384	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Americo Life Insurance Company	Occupation Chief Financial Officer & Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Gary L. Muller	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address P.O. Box 13487	Transaction ID: 22133634
	City State Zip Code Kansas City MO 64199-3487	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Great Southern Life Insurance Company	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 37
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Michael A. Merriman</p> <p>Mailing Address 300 West 11th Street</p> <p>City State Zip Code Kansas City MO 64105-1618</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Americo Life Insurance Company</p> <p>Occupation Chairman of the Board</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7</p> <p>Transaction ID: 22133640</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Senior Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 975.27</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Transaction ID: PR1120489712234</p> <p>Amount of Each Receipt this Period 88.66</p> <p>P/R Deduction (\$44.33 Semi-Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Donald L. Walker</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y</p> <p>Transaction ID: PR1156427112234</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
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SUBTOTAL of Receipts This Page (optional)	1188.66
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 10 / 37

(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)

Jean-Francois Poulin

Mailing Address 527 Bookbinder Way

City State Zip Code
Lansdale PA 19446-4056

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

Name of Employer Occupation
London Life Reinsurance Company Executive Vice President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1415829612234

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City State Zip Code
Weatogue CT 06089-9780

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

Name of Employer Occupation
VantisLife Insurance Company President & Chief Executive Officer

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 380.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1503560112234

Amount of Each Receipt this Period

126.90

P/R Deduction (\$42.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

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

City State Zip Code
Washington DC 20001-2140

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 309.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1550105912234

Amount of Each Receipt this Period

309.90

P/R Deduction (\$169.27 Se-mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

496.80

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 11 / 37		
	<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

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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	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771358212234
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 270.34
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$135.17 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2973.73	

B.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771362412234
	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	P/R Deduction (\$50.00 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

C.	Full Name (Last, First, Middle Initial) Ms. Roberta B. Meyer	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771362712234
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Assoc. General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	390.34
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 12 / 37
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. John 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 ▼ 440.00

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

Transaction ID: PR771365412234

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 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 ▼ 527.21

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

Transaction ID: PR771369012234

Amount of Each Receipt this Period 50.26

P/R Deduction (\$25.13 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 ▼ 2565.43

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

Transaction ID: PR771373212234

Amount of Each Receipt this Period 233.22

P/R Deduction (\$116.61 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **323.48**

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 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 471.01

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771373512234
Amount of Each Receipt this Period 42.82
P/R Deduction (\$21.41 Semi-Monthly)

B. 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 ▼ 1191.74

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771374012234
Amount of Each Receipt this Period 108.34
P/R Deduction (\$63.33 Semi-Monthly)

C. 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 Y]
Transaction ID: PR771374312234
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **181.16**

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 14 / 37
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mr. David 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 Y]

Transaction ID: PR771376012234

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 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 ▼ 471.23

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

Transaction ID: PR771376812234

Amount of Each Receipt this Period 42.84

P/R Deduction (\$21.42 Semi-Monthly)

C.

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

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

Transaction ID: PR771377112234

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **302.84**

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 15 / 37

(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. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

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

Name of Employer Occupation
American Council of Life Insurers Managing Director, Reinsurance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1684.33

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

Transaction ID: PR771386412234

Amount of Each Receipt this Period
153.12

P/R Deduction (\$76.56 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3586.44

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

Transaction ID: PR771395112234

Amount of Each Receipt this Period
326.04

P/R Deduction (\$208.33 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City State Zip Code
Owings Mills MD 21117-4865

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

Name of Employer Occupation
Baltimore Life Insurance Company President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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

Transaction ID: PR771402612234

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

629.16

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 16 / 37
(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. 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 Y]

Transaction ID: PR771408112234

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Ms. Sheila M. Ziegler

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 Executive Secretary, Office of the Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 289.97

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

Transaction ID: PR771412112234

Amount of Each Receipt this Period 26.36

P/R Deduction (\$13.18 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, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 879.78

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

Transaction ID: PR771419312234

Amount of Each Receipt this Period 79.98

P/R Deduction (\$39.99 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 126.34

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: (check only one)	PAGE 17 / 37
	<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) Frank Keating	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419712234
	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 President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.26	

B.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419812234
	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 & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.26	

C.	Full Name (Last, First, Middle Initial) Brenda Nation	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419912234
	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	P/R Deduction (\$50.00 Sem- i-Monthly)
	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 ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	933.32
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 / 37
(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. 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 Y]

Transaction ID: PR771420012234

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Semi-Monthly)

B.

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 ▼ 1251.35

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

Transaction ID: PR771420912234

Amount of Each Receipt this Period 113.76

P/R Deduction (\$56.88 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 Y]

Transaction ID: PR771421012234

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ► 243.76

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 / 37
(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. Michael Lovendusky

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 Y
Transaction ID: PR77142112234

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

B. 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 ▼ 640.05

Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR771422912234

Amount of Each Receipt this Period 59.38

P/R Deduction (\$29.69 Semi-Monthly)

C. 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 ▼ 880.00

Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR771423212234

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 159.38

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 / 37
(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. Nina Aponte

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Senior Staff Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR771425312234

Amount of Each Receipt this Period
20.00

P/R Deduction (\$10.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 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 ▼ 1182.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR771428712234

Amount of Each Receipt this Period
110.42

P/R Deduction (\$55.21 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 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 ▼ 1292.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR771428812234

Amount of Each Receipt this Period
117.50

P/R Deduction (\$58.75 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 247.92

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 21 / 37
(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
							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		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771428912234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 171.26
Name of Employer American Council of Life Insurers	Occupation Sr. Vice President and Corp Sec.	P/R Deduction (\$85.63 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1883.85	

B.

Full Name (Last, First, Middle Initial) Miriam Krol		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771434012234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Council of Life Insurers	Occupation Senior Director	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Kynondo Lewis		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771439612234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.16
Name of Employer American Council of Life Insurers	Occupation Senior Legal Editor	P/R Deduction (\$9.58 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.77	

SUBTOTAL of Receipts This Page (optional)	210.42
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 / 37
(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) Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771444312234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.80
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$24.40 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.80	

B.

Full Name (Last, First, Middle Initial) T. Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue NW Suite 700 West		Transaction ID: PR771444912234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation Controller	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C.

Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771445812234
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 28.16
Name of Employer American Council of Life Insurers	Occupation Director, Research	P/R Deduction (\$14.08 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.77	

SUBTOTAL of Receipts This Page (optional)	116.96
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: PAGE 23 / 37
(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. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR771449612234

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR771450112234

Amount of Each Receipt this Period
26.00

P/R Deduction (\$13.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Raymond J. Hazel

Mailing Address 7 Daydilly Court

City State Zip Code
Wilmington DE 19808-1951

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

Name of Employer London Life Reinsurance Company
Occupation VP Finance, & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR796887912234

Amount of Each Receipt this Period
60.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **136.00**

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 24 / 37
(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)
Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City Lansdale State PA Zip Code 19446-1671

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

Name of Employer London Life Reinsurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 513.00

Date of Receipt / /

Transaction ID: PR798114412234

Amount of Each Receipt this Period 82.00

P/R Deduction (\$27.00 Bi-Weekly)

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

Mailing Address 101 Constitution Ave, NW Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.27

Date of Receipt / /

Transaction ID: PR805149112234

Amount of Each Receipt this Period 136.66

P/R Deduction (\$68.33 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Wayne Mehlman

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 Counsel, Insurance Regulation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt / /

Transaction ID: PR904819512234

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 268.66

TOTAL This Period (last page this line number only) ► 9255.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ohio National Life PAC

Mailing Address One Financial Way

City	State	Zip Code
Cincinnati	OH	45242

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Transaction ID: 22133424

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
CUNA Mutual PAC

Mailing Address P.O. Box 747

City	State	Zip Code
Madison	WI	53701

FEC ID number of contributing federal political committee. **C** C00402107

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
1	1	/	0	9	/	2	0	0	7

Transaction ID: 22230041

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 37

<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) Melissa Bean For Congress	Transaction ID: 22256669 Date of Disbursement 11 / 15 / 2007
	Mailing Address Post Office Box 3068	Amount of Each Disbursement this Period 1500.00
	City Barrington State IL Zip Code 60010	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Melissa Bean	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 22074908 Date of Disbursement 11 / 15 / 2007
	Mailing Address P.O. Box 636	Amount of Each Disbursement this Period 1000.00
	City Annandale State VA Zip Code 22003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 22256578 Date of Disbursement 11 / 15 / 2007
	Mailing Address P.O Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Michael Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
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 27 / 37

<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) Congressional Black Caucus PAC <hr/> Mailing Address 509 C Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22074911 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) The Elizabeth Dole Committee <hr/> Mailing Address 421 Fayetteville St Mall Suite 1111 <hr/> City Raleigh State NC Zip Code 27601 <hr/> Purpose of Disbursement <hr/> Candidate Name Elizabeth Dole <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22074907 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Enzi For U.S. Senate <hr/> Mailing Address 1735 Sheridan Ave #233 P.O. Box 2656 <hr/> City Cody State WY Zip Code 82414 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Michael Enzi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22256502 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00

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)

<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) Garrett for Congress</p> <p>Mailing Address P.O. Box 905</p> <p>City Newton State NJ Zip Code 07860</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Scott Garrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22256628</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 110 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Carolyn Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22074909</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jon Porter for Congress</p> <p>Mailing Address P.O. Box 26087</p> <p>City Las Vegas State NV Zip Code 89126</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jon Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22256155</p> <p>Date of Disbursement 11 / 15 / 2007</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 29 / 37

<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) South Dakota First PAC</p> <p>Mailing Address 122 Maryland Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22256688 Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 203 Maryland Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22409025 Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind for room rental, coffee service, and use of corporate resources for meet and greet event</p> <p>Candidate Name Mr. Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22402679 Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>In-kind for room rental, coffee service, and use of corporate resources for meet and greet event</p>

SUBTOTAL of Disbursements This Page (optional) ►

3750.00

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

14750.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kip Averitt Campaign Committee Mailing Address P.O. Box 20638 City Waco State TX Zip Code 76702 Purpose of Disbursement Kip Averitt, STATE SENATE 22nd TX Candidate Name Kip Averitt Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	Transaction ID: 22255580 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Kim Brimer Campaign Mailing Address 1600 W. 7th Street Suite 650 City Ft. Worth State TX Zip Code 76102 Purpose of Disbursement Kim Brimer, STATE SENATE 10th TX Candidate Name Kim Brimer 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: TX District: 10	Transaction ID: 22255586 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Bill Brown for Senate 2010 Mailing Address 424 South Elm Place City Broken Arrow State OK Zip Code 74012 Purpose of Disbursement Bill Brown, STATE SENATE 36th OK Candidate Name OK Sen. Bill Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 36	Transaction ID: 22230049 Date of Disbursement 11 / 12 / 2007	Amount of Each Disbursement this Period 350.00

SUBTOTAL of Disbursements This Page (optional) ▶

1350.00

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bill Brown for Senate 2010</p> <p>Mailing Address 424 South Elm Place</p> <p>City Broken Arrow State OK Zip Code 74012</p> <p>Purpose of Disbursement Void - Printing Error</p> <p>Candidate Name OK Sen. Bill Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 36</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22230052</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period -350.00</p> <p>011 Category/ Type</p> <p>Void - Printing Error</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bill Brown for Senate 2010</p> <p>Mailing Address 424 South Elm Place</p> <p>City Broken Arrow State OK Zip Code 74012</p> <p>Purpose of Disbursement Bill Brown, STATE SENATE 36th OK</p> <p>Candidate Name OK Sen. Bill Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 36</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22230374</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>011 Category/ Type</p> <p>Bill Brown, STATE SENATE 36th OK</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Burrage for Senate 2010</p> <p>Mailing Address P.O. Box 309</p> <p>City Claremore State OK Zip Code 74018</p> <p>Purpose of Disbursement Sean Burrage, STATE SENATE 2nd OK</p> <p>Candidate Name OK Sen. Sean Burrage</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22230051</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p> <p>Sean Burrage, STATE SENATE 2nd OK</p>

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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

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

A.	Full Name (Last, First, Middle Initial) John Carona Campaign Mailing Address P. O. Box 600035 City Dallas State TX Zip Code 75360 Purpose of Disbursement John Carona, STATE SENATE 16th TX Candidate Name John Carona 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: TX District: 16	Transaction ID: 22255587 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00 John Carona, STATE SENATE 16th TX
B.	Full Name (Last, First, Middle Initial) Duncan for Senator Mailing Address P.O. Box 2309 City Lubbock State TX Zip Code 79408 Purpose of Disbursement Robert Duncan, STATE SENATE 28th TX Candidate Name Senator Robert Duncan 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: TX District: 28	Transaction ID: 22255588 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00 Robert Duncan, STATE SENA- TE 28th TX
C.	Full Name (Last, First, Middle Initial) Craig Eiland for Representative Mailing Address 2423 Market Street Suite 1 City Galveston State TX Zip Code 77550 Purpose of Disbursement Craig Eiland, STATE HOUSE 23rd TX Candidate Name Craig Eiland Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	Transaction ID: 22255590 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00 Craig Eiland, STATE HOUSE 23rd TX

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)

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

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

A.	Full Name (Last, First, Middle Initial) Elkins for State Representative Mailing Address 16430 Koester Street City Houston State TX Zip Code 77040 Purpose of Disbursement Gary Elkins, STATE HOUSE 135th TX Candidate Name Representa Gary Elkins Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 35 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22255591 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 250.00 Gary Elkins, STATE HOUSE 135th TX
B.	Full Name (Last, First, Middle Initial) Troy Fraser Campaign Committee Mailing Address P.O. Box 13243 City Austin State TX Zip Code 78711 Purpose of Disbursement Troy Fraser, STATE SENATE 24th TX Candidate Name Troy Fraser Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22255594 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 500.00 Troy Fraser, STATE SENATE 24th TX
C.	Full Name (Last, First, Middle Initial) Kelly Hancock Campaign Mailing Address P.O. Box 821349 City North Richland Hil State TX Zip Code 76182 Purpose of Disbursement Kelly Hancock, STATE HOUSE 91st TX Candidate Name TX Rep. Kelly Hancock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 91 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22256028 Date of Disbursement 11 / 15 / 2007	Amount of Each Disbursement this Period 250.00 Kelly Hancock, STATE HOUSE 91st TX

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

A. Full Name (Last, First, Middle Initial) Northwest Oklahomans for Hickman 2008 <hr/> Mailing Address P.O. Box 200 <hr/> City Alva State OK Zip Code 73717 <hr/> Purpose of Disbursement Jeffrey Hickman, STATE HOUSE 58th OK Candidate Name OK Rep. Jeffrey Hickman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 58 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22230377 Date of Disbursement 11 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> Jeffrey Hickman, STATE HO- USE 58th OK
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Holland for Oklahoma <hr/> Mailing Address P.O. Box 521004 <hr/> City Tulsa State OK Zip Code 74152 <hr/> Purpose of Disbursement Kim Holland, INSURANCE COMMISS. OK Candidate Name Ms. Kim Holland Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22132368 Date of Disbursement 11 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Kim Holland, INSURANCE CO- MMISS. OK
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Friends of Senator Jane Nelson <hr/> Mailing Address P.O. Box 608 <hr/> City Grapevine State TX Zip Code 76099 <hr/> Purpose of Disbursement Jane Nelson, STATE SENATE 12th TX Candidate Name Senator Jane Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22255941 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> Jane Nelson, STATE SENATE 12th TX
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Ron Peterson 2008</p> <p>Mailing Address P.O. Box 1615</p> <p>City Broken Arrow State OK Zip Code 74013</p> <p>Purpose of Disbursement Ron Peterson, STATE HOUSE 80th OK</p> <p>Candidate Name OK Rep. Ron Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 80</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22230375 Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p> <p>Ron Peterson, STATE HOUSE 80th OK</p>
<p>B. Full Name (Last, First, Middle Initial) Solomans for Representative</p> <p>Mailing Address P.O. Box 117284</p> <p>City Carrollton State TX Zip Code 75011</p> <p>Purpose of Disbursement Burt Solomons, STATE HOUSE 65th TX</p> <p>Candidate Name Representa Burt Solomons</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 65</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22256112 Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Burt Solomons, STATE HOUSE 65th TX</p>
<p>C. Full Name (Last, First, Middle Initial) Senfronia Thompson Campaign Committee</p> <p>Mailing Address 1301 Travis Suite 300</p> <p>City Houston State TX Zip Code 77002</p> <p>Purpose of Disbursement Senfronia Thompson, STATE HOUSE 141st TX</p> <p>Candidate Name Senfronia Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 41</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22255834 Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p> <p>Senfronia Thompson, STATE HOUSE 141st TX</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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 36 / 37

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

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Leticia Van de Putte for Senator

Mailing Address 3718 Blanco Road
Suite 1

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Leticia Van de Putte, STATE SENATE 26th TX

Candidate Name
Senator Leticia Van de Putte

Office Sought: House
 Senate
 President

State: TX District: 26

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 22255872

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

500.00

Leticia Van de Putte, STA-
TE SENATE 26th TX

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

8100.00

Form/Schedule: **F3XA**

Transaction ID:

January 17, 2008 Ms. Jennifer Thangavelu Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street, NW Washington DC, 20463 Re: American Council of Life Insurers PAC ("ACLI-PAC"), C001-47066 December 20th Monthly Report (11/1/07-11/30/07) Amendment Dear Ms. Thangavelu: This purpose of this letter is to explain our amendment to the December 20th Monthly Report (11/1/07-11/30/07). In preparing our January 31st Year-End Report, an error was discovered concerning the bi-weekly payroll deductions from one of our member companies, The Baltimore Life Insurance Company. During the month of November, the company had three pay dates, but only two were listed on our December 20th Monthly Report. We have amended this report to disclose the receipts from the third pay date and correct the amount of cash on hand. If there are any additional questions or concerns, please direct them to my attention by calling (202) 624-2325, or, in my absence, to the attention of our PAC Director, Kate Smith, at (202) 624-2035. Sincerely, Donald L. Walker Treasurer