24990902155

03/31/2004 11 : 33

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 PAC

ADDRESS (number and street) ▼ 101 Constitution Avenue, NW

Suite 700 West

Check if different than previously reported. (ACC)

Washington | DC | 20001 | 2133

CITY ▲ STATE ▲ ZIPCODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C00147066

3. IS THIS REPORT — NEW (N) **OR** X 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: X

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 02 01 2004 through 02 29 2004

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 Richard I. Klein

Signature of Treasurer Electronically Filed by Richard I. Klein Date 03 31 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
American Council of Life Insurers PAC

Report Covering the Period: From: 02 01 2004 To: 02 29 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		30780.03
(b) Cash on Hand at Begining of Reporting Period	43436.58	
(c) Total Receipts (from Line 19)	14506.62	28176.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57943.20	58956.70
7. Total Disbursements (from Line 31)	20502.50	21516.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37440.70	37440.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers PAC

Report Covering the Period: From: 02 01 2004 To: 02 29 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5215.62	
(ii) Unitemized	1788.03	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	7003.65	10257.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	14503.65	17757.31
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.)	2.97	10419.36
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))	14506.62	28176.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14506.62	28176.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2.50	16.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	2.50	16.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	20500.00	21500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
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))	20502.50	21516.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	20502.50	21516.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14503.65	17757.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14503.65	17757.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2.50	16.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.50	16.00

24990902160

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial)
Ms. Joanne S. Daly
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Asst PAC Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 02 27 2004
Transaction ID: R18728
Amount of Each Receipt this Period: 150.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Ms. Kimberly Dorgan
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 531.24
Date of Receipt: 02 27 2004
Transaction ID: R18731
Amount of Each Receipt this Period: 265.62
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Mr. Ronald G. Downing
Mailing Address PO Box 611
City: Breckenwidge State: TX Zip Code: 76424
FEC ID number of contributing federal political committee: C
Name of Employer: National Farm Life Insurance
Occupation: President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2250.00
Date of Receipt: 02 27 2004
Transaction ID: R18714
Amount of Each Receipt this Period: 2250.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2665.62

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

24990902161

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President & General Counse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 531.68

Date of Receipt: 02 27 2004
Transaction ID: R18739
Amount of Each Receipt this Period: 265.84
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Michael J. Hunter
Mailing Address 101 Consitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 500.00

Date of Receipt: 02 27 2004
Transaction ID: R18740
Amount of Each Receipt this Period: 250.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Frank Keating
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 500.00

Date of Receipt: 02 27 2004
Transaction ID: R18743
Amount of Each Receipt this Period: 250.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 765.84

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

24990902162

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial): Daniel J. Mahoney
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Sr. Vice President, Public Affairs and
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 358.32
Date of Receipt: 02 27 2004
Transaction ID: R18748
Amount of Each Receipt this Period: 179.16
Payroll Deduction

B.
Full Name (Last, First, Middle Initial): Mr. Paul E. Patry
Mailing Address: P.O. Box 738
City: Osterville State: MA Zip Code: 02655
FEC ID number of contributing federal political committee: C
Name of Employer: Boston Mutual Life Insurance Company
Occupation: Chairman, President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 25 2004
Transaction ID: R18712
Amount of Each Receipt this Period: 500.00
Check

C.
Full Name (Last, First, Middle Initial): Mr. Donald G. Preston
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Managing Director, Reinsurance
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 210.00
Date of Receipt: 02 27 2004
Transaction ID: R18754
Amount of Each Receipt this Period: 105.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 784.16

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

24990902163

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A. Full Name (Last, First, Middle Initial)
Mr. James P. Zachry

Mailing Address Tower Life Building

City: San Antonio
State: TX
Zip Code: 78205-3164

FEC ID number of contributing federal political committee: C

Name of Employer: Tower Life Insurance Company

Occupation: Chairman, President & CEO

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 02 26 2004

Transaction ID: R18713

Amount of Each Receipt this Period: 1000.00

Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 5215.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17
(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 PAC

A.
Full Name (Last, First, Middle Initial)
Northwestern Mutual Life PAC
Mailing Address 720 E. Wisconsin Ave.
City: Milwaukee State: WI Zip Code: 53202
FEC ID number of contributing federal political committee. C C00197095
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00

Date of Receipt: 02 10 2004
Transaction ID: R18705
Amount of Each Receipt this Period: 5000.00
Check

B.
Full Name (Last, First, Middle Initial)
PrinPAC
Mailing Address 711 High Street
City: Des Moines State: IA Zip Code: 50392
FEC ID number of contributing federal political committee. C C00128918
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500.00

Date of Receipt: 02 05 2004
Transaction ID: R18650
Amount of Each Receipt this Period: 2500.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 7500.00

TOTAL This Period (last page this line number only) ..... ▶ 7500.00

24990902165

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(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 PAC

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address 445 11th Street, NW

City: Washington
State: DC
Zip Code: 20004

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
24.16

Date of Receipt
02 27 2004

Transaction ID: R18856

Amount of Each Receipt this Period
2.97

Account Interest

SUBTOTAL of Receipts This Page (optional) ▶	2.97
TOTAL This Period (last page this line number only) ▶	2.97

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

PAGE 12 / 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address 445 11th Street, NW

City: Washington
State: DC
Zip Code: 20004

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: D9466
Date of Disbursement
02 / 20 / 2004

Amount of Each Disbursement this Period
2.50

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2.50

TOTAL This Period (last page this line number only) ..... ▶ 2.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial)
A Lot of People Supporting Tom Daschle

Mailing Address 424 C St., NE
1st Floor

City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement
Contr.

Candidate Name
Tom A. Daschle

Category/Type

Office Sought: House / X Senate / President
State: SD District:

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: D9375
Date of Disbursement: 02 / 03 / 2004

Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial)
Bob Matsui for Congress Committee

Mailing Address 729 15th Street, NW
Suite 300

City: Washington
State: DC
Zip Code: 20005

Purpose of Disbursement
Contr.

Candidate Name
Robert T. Matsui

Category/Type

Office Sought: X House / Senate / President
State: CA District: 05

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: D9373
Date of Disbursement: 02 / 03 / 2004

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Crane for Congress Committee

Mailing Address P.O. Box 2778

City: Arlington
State: VA
Zip Code: 22202

Purpose of Disbursement
Contr.

Candidate Name
Philip M. Crane

Category/Type

Office Sought: X House / Senate / President
State: IL District: 08

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D9378
Date of Disbursement: 02 / 03 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial): Friends of Congressman Tim Holden
Mailing Address: 18 N. Second Street, PO Box 37
City: Saint Clair | State: PA | Zip Code: 17970
Purpose of Disbursement: Contr.
Candidate Name: Tim Holden
Category/Type
Office Sought: X House / Senate / President
State: PA District: 17
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D9390
Date of Disbursement: 02 / 13 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Friends of Gordon Smith
Mailing Address: 1331 H Street, NW, 12th Floor
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: Contr.
Candidate Name: Gordon H. Smith
Category/Type
Office Sought: House / X Senate / President
State: OR District:
Disbursement For: 2008 X Primary / General / Other (specify)
Transaction ID: D9380
Date of Disbursement: 02 / 03 / 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Hoyer for Congress
Mailing Address: 7905 Malcolm Road, Suite 102
City: Clinton | State: MD | Zip Code: 20735
Purpose of Disbursement: Contr.
Candidate Name: Steny H. Hoyer
Category/Type
Office Sought: X House / Senate / President
State: MD District: 05
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D9377
Date of Disbursement: 02 / 03 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial)
Manzullo for Congress

Mailing Address PO Box 16021

City Alexandria | State VA | Zip Code 22902

Purpose of Disbursement
Contr.

Candidate Name
Donald A. Manzullo

Category/Type

Office Sought: X House / Senate / President
State: IL District: 16

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D9383
Date of Disbursement
02 / 03 / 2004

Amount of Each Disbursement this Period
2500.00

B.
Full Name (Last, First, Middle Initial)
Mikulski for Senate Committee

Mailing Address 503 Capitol Court, NE
Suite 100

City Washington | State DC | Zip Code 20002

Purpose of Disbursement
Contr.

Candidate Name
Barbara A. Mikulski

Category/Type

Office Sought: House / X Senate / President
State: MD District:

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D9379
Date of Disbursement
02 / 03 / 2004

Amount of Each Disbursement this Period
1000.00

C.
Full Name (Last, First, Middle Initial)
Pennsylvanians for Kanjorski

Mailing Address 128 South Franklin Street

City Wilkes-Barre | State PA | Zip Code 18701

Purpose of Disbursement
Contr.

Candidate Name
Paul E. Kanjorski

Category/Type

Office Sought: X House / Senate / President
State: PA District: 11

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D9376
Date of Disbursement
02 / 03 / 2004

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial): Pomeroy for Congress
Mailing Address: Post Office Box 75214
City: Washington State: DC Zip Code: 20013
Purpose of Disbursement: Contr.
Candidate Name: Earl Pomeroy
Category/Type
Office Sought: X House / Senate / President
State: ND District: 01
Disbursement For: 2004 Primary X General / Other (specify)
Transaction ID: D9361
Date of Disbursement: 02 / 03 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): TOMPAC
Mailing Address: P.O. Box 16488
City: Arlington State: VA Zip Code: 22215
Purpose of Disbursement: Contr. TOMPAC
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General / Other (specify)
Transaction ID: D9374
Date of Disbursement: 02 / 03 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Voinovich for Senate Committee
Mailing Address: 885 Macon Alley
City: Columbus State: OH Zip Code: 43206
Purpose of Disbursement: Contr.
Candidate Name: George V. Voinovich
Category/Type
Office Sought: House / X Senate / President
State: OH District:
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D9391
Date of Disbursement: 02 / 13 / 2004
Amount of Each Disbursement this Period: 2500.00

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

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

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A. Full Name (Last, First, Middle Initial)
Walter Jones for Congress Committee

Mailing Address PO Box 99667

City Raleigh | State NC | Zip Code 27624

Purpose of Disbursement
Contr.

Candidate Name
Walter B. Jones

Office Sought: X House / Senate / President

State: NC District: 03

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D9362

Date of Disbursement
02 / 03 / 2004

Amount of Each Disbursement this Period
1000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1000.00
TOTAL This Period (last page this line number only) ..... ▶	20500.00