REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

02/20/2001 13 : 57

1. NAME OF COMMITTEE (in full)
American Council of Life Insurance PAC

ADDRESS (number and street)
1001 Pennsylvania Avenue, NW
5th Floor - South

☐ Check if different than previously reported

2. FEC IDENTIFICATION NUMBER
C00147086

CITY, STATE, and ZIP CODE
Washington DC 20004

3. ☒ This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination report

Monthly Report Due On:

☒ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment ☐ YES ☒ NO

SUMMARY 5. Covering Period 01/01/2001 through 01/31/2001	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 2001		51069.47
(b) Cash on Hand at Beginning of Reporting Period	51069.47	
(c) Total Receipts (from line 19)	6077.19	6077.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57146.66	57146.66
7. Total Disbursements (from line 30)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57146.66	57146.66
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Electronically Filed by Mr. Brian Donnellan

Signature of Treasurer

Date
02/20/2001

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

FEC FORM 3X
(revised 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
American Council of Life Insurance PAC

REPORT COVERING PERIOD
FROM 01/01/2001 TO: 01/31/2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1343.90	1343.90	11.a.i.
ii. Unitemized	2192.44	2192.44	11.a.ii.
iii. Total (add i and ii)»	3536.34	3536.34	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	2500.00	2500.00	11.c.
d. Total Contributions (add a iii, b and c)»	6036.34	6036.34	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	40.85	40.85	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	6077.19	6077.19	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	6077.19	6077.19	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	0.00	0.00	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	0.00	0.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	6036.34	6036.34	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	6036.34	6036.34	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11A1

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 Insurance PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Jeanne E. Hoenicke 1001 Pennsylvania Avenue, NW Washington DC 20004-2599 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	American Council of Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 229.16	01/31/2001	229.16
Mr. Gary E. Hughes 1001 Pennsylvania Avenue, NW Washington DC 20004-2599 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	American Council of Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 256.66	01/31/2001	256.66
Mr. Mark R. Elam 1001 Pennsylvania Avenue, NW Washington DC 20004-2599 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	American Council of Life Insurance Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 343.76	01/31/2001	343.76
Mr. Philmore B. Anderson 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	American Council of Life Insurance Occupation: Vice President, Federal Relations Aggregate Year-to-Date > $ 294.58	01/31/2001	294.58
Ann Combs 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: [ ] Primary [X] General [ ] Other (specify) :	American Council of Life Insurance Occupation: Director Aggregate Year-to-Date > $ 219.74	01/31/2001	219.74

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1343.90**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 6 FOR LINE NUMBER 11C

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PrinPAC 711 High Street Des Moines IA 50392	PrinPAC	01/29/2001	2500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Occupation c/o Principal Financial Group		
	Aggregate Year-to-Date > 5 2500.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**2500.00**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 6 FOR LINE NUMBER 17

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

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dee Owens 445 11th Street, NW Washington DC 20004 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Crester Bank N.A. Occupation: Account Representative Aggregate Year-to-Date > $ 30.22	01/31/2001	30.22
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Michael A. Pascale, Jr. 1130 Connecticut Avenue, NW 11th Floor Washington DC 20036 Receipt For: ☐ Primary ☒ General ☐ Other (specify) :	Prudential Securities Occupation: First VP, Investments Aggregate Year-to-Date > $ 10.63	01/31/2001	10.63

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**40.85**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 6 FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Kent Conrad - Debt Retirement PO Box 812 Bismarck ND 58502	Contribution: Kent Conrad (ND-D)- Debt R (Senate ND-D) Contribution: Kent Conrad (ND-D)- Debt Retirement Disbursement for: [ ] Primary [X] General [ ] Other (specify) : General	01/25/2001	0.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**0.00**