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

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **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)	X 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 09 01 2005 through 09 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Mr. L Charles FitzGerald

Signature of Treasurer: Electronically Filed by Mr. L Charles FitzGerald — Date 10 17 2005

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

Office Use Only							

FEC FORM 3X (Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 09 01 2005 To: 09 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		51625.41
(b) Cash on Hand at Begining of Reporting Period	38646.20	
(c) Total Receipts (from Line 19)	46311.39	285332.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84957.59	336957.59
7. Total Disbursements (from Line 31)	22875.54	274875.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62082.05	62082.05
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 09 01 2005 To: 09 30 2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10111.88	91136.30
(ii) Unitemized	8769.21	30765.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	18881.09	121901.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	27430.30	163430.30
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	46311.39	285332.18
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))	46311.39	285332.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46311.39	285332.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	18975.54	265975.54
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	3900.00	8900.00
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))	22875.54	274875.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	22875.54	274875.54

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)	46311.39	285332.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46311.39	285332.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mr. Michael J. Bartholomew
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 775.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136284048
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr. Mark Center
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel, Federal Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 280.92
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141004048
Amount of Each Receipt this Period: 37.88
P/R Deduction ($18.94 Semi-Monthly)

C.
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: 374.34
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137684048
Amount of Each Receipt this Period: 38.10
P/R Deduction ($19.05 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **175.98**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Ms. Linda H. Cunningham
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Managing Dir., Conference Development
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 874.44
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136244048
Amount of Each Receipt this Period: 97.16
P/R Deduction ($48.58 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Joanne S. Daly
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President, Administration
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1350.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136254048
Amount of Each Receipt this Period: 150.00
P/R Deduction ($75.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Alane R. Dent
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Federal Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 376.27
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144434048
Amount of Each Receipt this Period: 42.08
P/R Deduction ($21.04 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 289.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): T. Scott Dixon
Mailing Address: 101 Constitution Avenue NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Controller
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144494048
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Ms. Kimberly Dorgan
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President, Federal Relatio
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2578.14
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77139514048
Amount of Each Receipt this Period: 286.46
P/R Deduction ($143.23 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Mr Jeeques E Dubois
Mailing Address: 524 Lake Ave
City: Greenwich State: CT Zip Code: 06830-3852
FEC ID number of contributing federal political committee: C
Name of Employer: Swiss Re Life & Health America Inc.
Occupation: Chairman
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: M M / D D / Y Y Y Y 09 27 2005
Transaction ID: B995739
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2826.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
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: 1457.62
Date of Receipt
Transaction ID: PR77137924048
Amount of Each Receipt this Period: 215.62
P/R Deduction ($107.81 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. John P. Gemi
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee. C
Name of Employer: American Council of Life Insurers
Occupation: Senior Legislative Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 862.56
Date of Receipt
Transaction ID: PR77142874048
Amount of Each Receipt this Period: 95.84
P/R Deduction ($47.92 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Morris Goff
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee. C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 651.78
Date of Receipt
Transaction ID: PR77141834048
Amount of Each Receipt this Period: 72.42
P/R Deduction ($36.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 383.88

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Mr. James D. Hall
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington | State: DC | Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 270.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137434048
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr Roger F Harbin
Mailing Address: 16225 NE 112th CT
City: Redmond | State: WA | Zip Code: 98052-2772
FEC ID number of contributing federal political committee: C
Name of Employer: Symetra Financial Corporation
Occupation: Manager
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: M M / D D / Y Y Y Y 09 23 2005
Transaction ID: 6982341
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Ms. Susan Harvey
Mailing Address: 101 Constitution Ave, NW, Suite 700 West
City: Washington | State: DC | Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Outreach
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77143524048
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 630.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Ms. Sharon 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: 356.22
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137354048
Amount of Each Receipt this Period: 39.58
P/R Deduction ($19.79 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Thomas E. Henning, CLU
Mailing Address 200 Centennial Mall North
City: Lincoln State: NE Zip Code: 68508-1618
FEC ID number of contributing federal political committee: C
Name of Employer: Assurity Security Group, INC
Occupation: President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 08 2005
Transaction ID: 9231408
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice Pres & General Counse
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2475.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77135B2404B
Amount of Each Receipt this Period: 275.00
P/R Deduction ($137.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1314.58

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Mr. Michael J. Hunter
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee. C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice President & COO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3500.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141984048
Amount of Each Receipt this Period: 500.00
P/R Deduction ($250.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Gregory F. Jenner
Mailing Address 101 Constitution Avenue Nw
Suite 700
City: Washington State: DC Zip Code: 20080-0001
FEC ID number of contributing federal political committee. C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice President, Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77525894048
Amount of Each Receipt this Period: 375.00
P/R Deduction ($187.50 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Frank Keating
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee. C
Name of Employer: American Council of Life Insurers
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2916.64
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141974048
Amount of Each Receipt this Period: 416.66
P/R Deduction ($208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1291.66**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Ms. Linda L. Lanam
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Annuities
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 540.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137734048
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 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: 808.78
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137404048
Amount of Each Receipt this Period: 89.64
P/R Deduction ($44.82 Semi-Monthly)

C.
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: 987.50
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142094048
Amount of Each Receipt this Period: 107.50
P/R Deduction ($53.75 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 257.14

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mr. 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: 1275.00
Date of Receipt
Transaction ID: PR77137714048
Amount of Each Receipt this Period: 200.00
P/R Deduction ($100.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr Patrick A Mannion
Mailing Address 7665 Hunt Lane
City: Fayetteville State: NY Zip Code: 13066-2555
FEC ID number of contributing federal political committee: C
Name of Employer: Unity Mutual Life Insurance Company
Occupation: President & Chief Executive Officer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 30 2005
Transaction ID: 10000107
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Mr. Andrew Melnyk
Mailing Address 101 Constitution Avenue NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Research
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 219.51
Date of Receipt
Transaction ID: PR77144584048
Amount of Each Receipt this Period: 25.62
P/R Deduction ($12.81 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1225.62**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Brenda Nation
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141994048
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Donald G. Preston Jr.
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Managing Director, Reinsurance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1145.14
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77138644048
Amount of Each Receipt this Period: 136.98
P/R Deduction ($68.49 Semi-Monthly)

C.
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: 360.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77138604048
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **276.98**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 31
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Ms. Dottie S. Riley
Mailing Address 400 East Anderson Lane
City: Austin State: TX Zip Code: 78752-1224
FEC ID number of contributing federal political committee: C
Name of Employer: Citizens Insurance Company of America
Occupation: VP Administration
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 15 2005
Transaction ID: 9933358
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Mr. Juan Carlos Scott
Mailing Address 101 Constitution Ave, NW Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Federal Relations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 747.00
Date of Receipt:
Transaction ID: PR77142884048
Amount of Each Receipt this Period: 104.50
P/R Deduction ($52.25 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms Michelle L Simoneaux
Mailing Address 3951 Highway 1 South
City: Napoleonville State: LA Zip Code: 70390-6728
FEC ID number of contributing federal political committee: C
Name of Employer: Citizens Insurance Company of America
Occupation: Vice President, Operations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 16 2005
Transaction ID: B2096B4
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 654.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
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: 270.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142004048
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Julie A. Spiezio
Mailing Address 101 Constitution Avenue NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144964048
Amount of Each Receipt this Period: 50.00
P/R Deduction ($25.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
David C. Turner
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Sr. Vice President and Corp Sec.
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 437.52
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142894048
Amount of Each Receipt this Period: 145.84
P/R Deduction ($72.92 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 225.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mr. David 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: 540.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137604048
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 Semi-Monthly)

B.
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: 800.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142104048
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr George A Wilson, III
Mailing Address 420 44th Street
City: Des Moines State: IA Zip Code: 50312-2580
FEC ID number of contributing federal political committee: C
Name of Employer: Homesteaders Life Company
Occupation: Executive Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
09 09 2005
Transaction ID: B2096B4
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 560.00

TOTAL This Period (last page this line number only) ..... ▶ 10111.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 31
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☐ 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)
Allstate Insurance PAC
Mailing Address 2775 Sanders Road
Suite A4
City: Northbrook State: IL Zip Code: 60062
FEC ID number of contributing federal political committee. C C00040253
Name of Employer
Occupation
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date 5000.00
Date of Receipt 09 16 2005
Transaction ID: 9231062
Amount of Each Receipt this Period 5000.00

B.
Full Name (Last, First, Middle Initial)
American National PAC
Mailing Address One Moody Plaza
City: Galveston State: TX Zip Code: 77550
FEC ID number of contributing federal political committee. C C00135525
Name of Employer
Occupation
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date 5000.00
Date of Receipt 09 16 2005
Transaction ID: 9232170
Amount of Each Receipt this Period 5000.00

C.
Full Name (Last, First, Middle Initial)
AmerUs Group PAC
Mailing Address 611 Fifth Avenue
City: Des Moines State: IA Zip Code: 50309
FEC ID number of contributing federal political committee. C C00180901
Name of Employer
Occupation
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date 5000.00
Date of Receipt 09 13 2005
Transaction ID: 8978964
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 15000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31
(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)
Lincoln Insurance Group PAC
Mailing Address P.O. Box 82625
City: Lincoln State: NE Zip Code: 68501
FEC ID number of contributing federal political committee. C C00390534
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 430.30
Date of Receipt: 09 08 2005
Transaction ID: 9933385
Amount of Each Receipt this Period: 430.30

B.
Full Name (Last, First, Middle Initial)
MetLife, INC. Employee's Participation Fund A
Mailing Address One MetLife Plaza
2701 Queens Plaza North, Area 4D
City: Long Island City State: NY Zip Code: 11101
FEC ID number of contributing federal political committee. C C00408823
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 09 16 2005
Transaction ID: 9231029
Amount of Each Receipt this Period: 5000.00

C.
Full Name (Last, First, Middle Initial)
Phoenix Companies PAC
Mailing Address One American Row
City: Hartford State: CT Zip Code: 06115
FEC ID number of contributing federal political committee. C C00168203
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 09 23 2005
Transaction ID: 8982340
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 7430.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 31
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☐ 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)
Thrivent Financial PAC

Mailing Address P.O. Box 1892

City: Appleton
State: WI
Zip Code: 54912

FEC ID number of contributing federal political committee. C C00121319

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 23 2005

Transaction ID: 9982363

Amount of Each Receipt this Period
5000.00

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

TOTAL This Period (last page this line number only) ..... ▶ 27430.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Blue Dog PAC
Mailing Address: 227 Massachusetts Ave, NE, Suite 101
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 9978991
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Ben Cardin for Senate
Mailing Address: 38 Ivy Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name: Mr. Benjamin Cardin
Category/Type: 011
Office Sought: House / X Senate / President
State: MD District
Disbursement For: 2006 Primary / X General / Other (specify)
Transaction ID: 9978982
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Friends of Kent Conrad
Mailing Address: 122 Maryland Ave, NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name: Kent Conrad
Category/Type: 011
Office Sought: House / X Senate / President
State: ND District: 1
Disbursement For: 2006 Primary / X General / Other (specify)
Transaction ID: 9978973
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 2000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial): Crowley for Congress
Mailing Address: PO Box 75214
City: Washington State: DC Zip Code: 20013
Purpose of Disbursement:
Candidate Name: Joseph Crowley
Category/Type: 011
Office Sought: X House / Senate / President
State: NY District: 7
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9978981
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Committee To Elect Artur Davis To Congress
Mailing Address: Post Office Box 1845
City: Birmingham State: AL Zip Code: 35201
Purpose of Disbursement:
Candidate Name: Rep. Artur Davis
Category/Type: 011
Office Sought: X House / Senate / President
State: AL District: 7
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9978983
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Hawkeye PAC
Mailing Address: P.O. Box 7255
City: Des Moines State: IA Zip Code: 50309
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 9978979
Date of Disbursement: 09 / 22 / 2005
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 Political Action Committee

A.
Full Name (Last, First, Middle Initial): Friends of Jeb Hensarling
Mailing Address: PO Box 820504
City: Dallas | State: TX | Zip Code: 75382
Purpose of Disbursement:
Candidate Name: Jeb Hensarling
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 5
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9978965
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Steve Israel for Congress Committee
Mailing Address: PO Box 777
City: Deer Park | State: NY | Zip Code: 11729
Purpose of Disbursement:
Candidate Name: Steve Israel
Category/Type: 011
Office Sought: X House / Senate / President
State: NY District: 2
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9978980
Date of Disbursement: 09 / 22 / 2005
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:
Candidate Name: Paul Kanjorski
Category/Type: 011
Office Sought: X House / Senate / President
State: PA District: 11
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9999962
Date of Disbursement: 09 / 28 / 2005
Amount of Each Disbursement this Period: 1000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Levin For Congress

Mailing Address P.O. Box 37

City: Roseville | State: MI | Zip Code: 48066

Purpose of Disbursement

Candidate Name: Rep. Sander Levin

Category/Type: 011

Office Sought: X House / Senate / President

State: MI District: 12

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

Transaction ID: 10000049
Date of Disbursement: 09 / 28 / 2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Joe Lieberman

Mailing Address P.O. Box 4322
State House Square

City: Hamden | State: CT | Zip Code: 06514

Purpose of Disbursement

Candidate Name: Joseph Lieberman

Category/Type: 011

Office Sought: House / X Senate / President

State: CT District: 2

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

Transaction ID: 9978971
Date of Disbursement: 09 / 22 / 2005

Amount of Each Disbursement this Period: 1000.00

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

Mailing Address 219-10 South Conduit Avenue
219-10 South Conduit Avenue

City: Springfield Garden | State: NY | Zip Code: 11413

Purpose of Disbursement

Candidate Name: Gregory Meeks

Category/Type: 011

Office Sought: X House / Senate / President

State: NY District: 6

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

Transaction ID: 9978976
Date of Disbursement: 09 / 22 / 2005

Amount of Each Disbursement this Period: 671.45

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2671.45**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial): Catering by Windows
Mailing Address: 1125 North Royal Street
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: In-Kind Contribution
Category/Type: 011
Candidate Name: Gregory Meeks
Office Sought: X House / Senate / President
Disbursement For: X Primary / General / Other (specify)
State: NY District: 6
Transaction ID: 9978978
Date of Disbursement: 09 / 22 / 2005
Amount of Each Disbursement this Period: 328.55
In-Kind Contribution

B.
Full Name (Last, First, Middle Initial): Price For Congress
Mailing Address: PO Box 425
City: Roswell | State: GA | Zip Code: 30077
Purpose of Disbursement:
Category/Type: 011
Candidate Name: Rep. Thomas Price, M.D.
Office Sought: X House / Senate / President
Disbursement For: X Primary / General / Other (specify)
State: GA District: 6
Transaction ID: 9999961
Date of Disbursement: 09 / 28 / 2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Catering by Windows
Mailing Address: 1125 North Royal Street
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: In-Kind Contribution
Category/Type: 011
Candidate Name: Rep. Thomas Price, M.D.
Office Sought: X House / Senate / President
Disbursement For: X Primary / General / Other (specify)
State: GA District: 6
Transaction ID: 10000252
Date of Disbursement: 09 / 28 / 2005
Amount of Each Disbursement this Period: 475.54
In-Kind Contribution

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1804.09**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial)
Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310B

City: Minnetonka | State: MN | Zip Code: 55305

Purpose of Disbursement

Candidate Name: Jim Ramstad

011 Category/Type

Office Sought: X House / Senate / President
State: MN District: 3

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

Transaction ID: 9999963
Date of Disbursement: 09 / 28 / 2005

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Friends of Gordon Smith

Mailing Address 228 S Washington St Ste 340

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

Purpose of Disbursement

Candidate Name: Gordon Smith

011 Category/Type

Office Sought: House / X Senate / President
State: OR District: 2

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

Transaction ID: 9978984
Date of Disbursement: 09 / 22 / 2005

Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
Friends Of Craig Thomas

Mailing Address 1806 Crook Avenue

City: Cheyenne | State: WY | Zip Code: 82001

Purpose of Disbursement
Void - Friends Of Craig Thomas

Candidate Name: Sen. Craig Thomas

011 Category/Type

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

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

Transaction ID: 10000046
Date of Disbursement: 09 / 28 / 2005

Amount of Each Disbursement this Period: -2000.00

Void - Friends Of Craig Thomas

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)

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

A. Full Name (Last, First, Middle Initial)
Friends Of Craig Thomas

Mailing Address 1608 Crook Avenue

City: Cheyenne | State: WY | Zip Code: 82001

Purpose of Disbursement

Candidate Name
Sen. Craig Thomas

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

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

Category/Type: 011

Transaction ID: 10000D47
Date of Disbursement: 09 / 28 / 2005

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	18975.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): Ken Ambrister for Senator
Mailing Address: P.O. Box 5017
City: Victoria | State: TX | Zip Code: 77903
Purpose of Disbursement: Ken Ambrister, STATE SENATE TX
Candidate Name: Ken Ambrister
Category/Type: 011
Office Sought: House / X Senate / President
State: TX District: 18
Disbursement For: X Primary / General / Other (specify)
Transaction ID: 9233496
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 500.00
Ken Ambrister, STATE SENATE TX

B.
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 TX
Candidate Name: Kip Averitt
Category/Type: 011
Office Sought: House / X Senate / President
State: TX District: 22
Disbursement For: X Primary / General / Other (specify)
Transaction ID: 9233496
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 500.00
Kip Averitt, STATE SENATE 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
Category/Type: 011
Office Sought: X House / Senate / President
State: TX District: 23
Disbursement For: X Primary / General / Other (specify)
Transaction ID: 9233500
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 1000.00
Craig Eiland, STATE HOUSE 23rd TX

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial): Bill Keffer for Representative
Mailing Address: 8401 N. Central Expressway, Suite 630
City: Dallas State: TX Zip Code: 75225
Purpose of Disbursement: Bill Keffer, STATE HOUSE 107th TX
Category/Type: 011
Candidate Name: Bill Keffer
Office Sought: X House / Senate / President
State: TX District: 10
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9233501
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 300.00
Bill Keffer, STATE HOUSE 107th TX

B.
Full Name (Last, First, Middle Initial): Jim Keffer for Representative
Mailing Address: P.O. Box 857
City: Eastland State: TX Zip Code: 76448
Purpose of Disbursement: James Keffer, STATE HOUSE 60th TX
Category/Type: 011
Candidate Name: Representative James Keffer
Office Sought: X House / Senate / President
State: TX District: 60
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9233503
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 300.00
James Keffer, STATE HOUSE 60th TX

C.
Full Name (Last, First, Middle Initial): Gene Seaman for Representative
Mailing Address: 2222 Airline, Suite A-9
City: Corpus Christi State: TX Zip Code: 78414
Purpose of Disbursement: Gene Seaman, STATE HOUSE 32nd TX
Category/Type: 011
Candidate Name: Gene Seaman
Office Sought: X House / Senate / President
State: TX District: 32
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 9233502
Date of Disbursement: 09 / 16 / 2005
Amount of Each Disbursement this Period: 300.00
Gene Seaman, STATE HOUSE 32nd TX

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 900.00

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

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

A.
Full Name (Last, First, Middle Initial)
Larry Taylor for Representative

Mailing Address 174 Calder Road
Suite 116

City: League City | State: TX | Zip Code: 77574

Purpose of Disbursement
Larry Taylor, STATE HOUSE 24th TX

Category/Type: 011

Candidate Name
Larry Taylor

Office Sought: X House / Senate / President
State: TX District: 24

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

Transaction ID: 9233497
Date of Disbursement: 09 / 16 / 2005

Amount of Each Disbursement this Period: 500.00

Larry Taylor, STATE HOUSE 24th TX

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

Mailing Address 700 N. St. Mary's Street
Suite 1725

City: San Antonio | State: TX | Zip Code: 78205

Purpose of Disbursement
Leticia Van de Putte, STATE SENATE TX

Category/Type: 011

Candidate Name
Senator Leticia Van de Putte

Office Sought: House / X Senate / President
State: TX District: 26

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

Transaction ID: 9233499
Date of Disbursement: 09 / 16 / 2005

Amount of Each Disbursement this Period: 500.00

Leticia Van de Putte, STATE SENATE TX

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1000.00
TOTAL This Period (last page this line number only) ..... ▶	3900.00