06/15/2005 13 : 55

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) 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) X	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 05 01 2005 through 05 31 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 Richard I. Klein

Signature of Treasurer Electronically Filed by Richard I. Klein Date 06 15 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 PAC

Report Covering the Period: From: 05 01 2005 To: 05 31 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	30908.48	
(c) Total Receipts (from Line 19)	30216.67	119999.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61125.15	171625.15
7. Total Disbursements (from Line 31)	41000.00	151500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20125.15	20125.15
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: 05 01 2005 To: 05 31 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)	13811.30	31925.20
(ii) Unitemized	905.37	13074.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	14716.67	44999.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15500.00	75000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	30216.67	119999.74
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))	30216.67	119999.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30216.67	119999.74

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	39500.00	149500.00
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	1500.00	3000.00
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))	41000.00	151500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	41000.00	151500.00

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)	30216.67	119999.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30216.67	119999.74
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 / 35
(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)
Mr. Michael J. Bartholomew
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 Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 05 13 2005
Transaction ID: R20534
Amount of Each Receipt this Period: 50.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Mr. Michael J. Bartholomew
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 375.00
Date of Receipt: 05 31 2005
Transaction ID: R20597
Amount of Each Receipt this Period: 50.00
Payroll Deduction

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
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: 221.94
Date of Receipt: 05 13 2005
Transaction ID: R20540
Amount of Each Receipt this Period: 19.05
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **119.05**

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 7 / 35
(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)
Mr. C. Bryan Cox
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 Legislative Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 221.94
Date of Receipt: 05 31 2005
Transaction ID: R20603
Amount of Each Receipt this Period: 19.05
Payroll Deduction

B.
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
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Conference Development
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 485.80
Date of Receipt: 05 13 2005
Transaction ID: R20541
Amount of Each Receipt this Period: 48.58
Payroll Deduction

C.
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
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Conference Development
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 485.80
Date of Receipt: 05 31 2005
Transaction ID: R20604
Amount of Each Receipt this Period: 48.58
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **116.21**

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 8 / 35
(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: 750.00
Date of Receipt: 05 13 2005
Transaction ID: R20542
Amount of Each Receipt this Period: 75.00
Payroll Deduction

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
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: 750.00
Date of Receipt: 05 31 2005
Transaction ID: R20605
Amount of Each Receipt this Period: 75.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Nancy S. Davenport
Mailing Address 101 Constitution Ave, NW
Suite 700
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. Counsel & Director, NE Region
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 13 2005
Transaction ID: R20543
Amount of Each Receipt this Period: 25.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **175.00**

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 9 / 35
(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)
Nancy S. Davenport
Mailing Address 101 Constitution Ave, NW
Suite 700
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. Counsel & Director, NE Region
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 31 2005
Transaction ID: R20606
Amount of Each Receipt this Period: 25.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Alane R. Dent
Mailing Address 101 Constitution Ave, NW
Suite 700
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: Vice President, Federal Relations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 207.95
Date of Receipt: 05 13 2005
Transaction ID: R20544
Amount of Each Receipt this Period: 21.04
Payroll Deduction

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
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: 207.95
Date of Receipt: 05 31 2005
Transaction ID: R20607
Amount of Each Receipt this Period: 21.04
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 67.08

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 10 / 35
(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. 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: 1432.30
Date of Receipt: 05 13 2005
Transaction ID: R20548
Amount of Each Receipt this Period: 143.23
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: 1432.30
Date of Receipt: 05 31 2005
Transaction ID: R20611
Amount of Each Receipt this Period: 143.23
Payroll Deduction

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
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: 595.14
Date of Receipt: 05 13 2005
Transaction ID: R20550
Amount of Each Receipt this Period: 107.81
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 394.27

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 11 / 35
(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)
Mr. J. Bruce Ferguson
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, State Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 595.14
Date of Receipt: 05 31 2005
Transaction ID: R20613
Amount of Each Receipt this Period: 107.81
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Mr. L. Charles FitzGerald
Mailing Address 1304 Oakcrest Drive
City: Alexandria State: VA Zip Code: 22302
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurance
Occupation: Senior Vice President & Corporate Sec
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 05 06 2005
Transaction ID: R20386
Amount of Each Receipt this Period: 3000.00
Check

C.
Full Name (Last, First, Middle Initial)
Mr. John P. Gerni
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001
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: 479.20
Date of Receipt: 05 13 2005
Transaction ID: R20552
Amount of Each Receipt this Period: 47.92
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3155.73

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 12 / 35
(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): Mr. John P. Gerni
Mailing Address: 101 Constitution Ave, NW, Suite 700
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 Legislative Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 479.20
Date of Receipt: 05 31 2005
Transaction ID: R20616
Amount of Each Receipt this Period: 47.92
Payroll Deduction

B.
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
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Assistant Vice President, Tax
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 362.10
Date of Receipt: 05 13 2005
Transaction ID: R20554
Amount of Each Receipt this Period: 36.21
Payroll Deduction

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
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Assistant Vice President, Tax
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 362.10
Date of Receipt: 05 31 2005
Transaction ID: R20618
Amount of Each Receipt this Period: 36.21
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **120.34**

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 13 / 35
(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): Susan Harvey
Mailing Address: 101 Constitution Ave, NW, Suite 700
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: Director, Outreach
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 13 2005
Transaction ID: R20557
Amount of Each Receipt this Period: 50.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial): Susan Harvey
Mailing Address: 101 Constitution Ave, NW, Suite 700
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: Director, Outreach
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 31 2005
Transaction ID: R20621
Amount of Each Receipt this Period: 50.00
Payroll Deduction

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
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: 1375.00
Date of Receipt: 05 13 2005
Transaction ID: R20560
Amount of Each Receipt this Period: 137.50
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 237.50

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 14 / 35
(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)
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: 1375.00
Date of Receipt: 05 31 2005
Transaction ID: R20624
Amount of Each Receipt this Period: 137.50
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: 1500.00
Date of Receipt: 05 13 2005
Transaction ID: R20561
Amount of Each Receipt this Period: 250.00
Payroll Deduction

C.
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: 1500.00
Date of Receipt: 05 31 2005
Transaction ID: R20625
Amount of Each Receipt this Period: 250.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 637.50

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 15 / 35
(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): 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: 1250.00
Date of Receipt: 05 13 2005
Transaction ID: R20584
Amount of Each Receipt this Period: 125.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial): Frank Keating
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 1250.00
Date of Receipt: 05 31 2005
Transaction ID: R20627
Amount of Each Receipt this Period: 125.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial): Mr. Richard I. Klein
Mailing Address: 101 Constitution Avenue, NW, Suite 700
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: Treasurer
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 13 2005
Transaction ID: R20586
Amount of Each Receipt this Period: 40.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **290.00**

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 16 / 35
(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)
Mr. Richard I. Klein
Mailing Address 101 Constitution Avenue, NW
Suite 700
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: Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 31 2005
Transaction ID: R20629
Amount of Each Receipt this Period: 40.00
Payroll Deduction

B.
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
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: 300.00
Date of Receipt: 05 13 2005
Transaction ID: R20568
Amount of Each Receipt this Period: 30.00
Payroll Deduction

C.
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
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: 300.00
Date of Receipt: 05 31 2005
Transaction ID: R20632
Amount of Each Receipt this Period: 30.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **100.00**

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 17 / 35
(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)
Mr. David M. Leifer
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 Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 448.20
Date of Receipt: 05 13 2005
Transaction ID: R20569
Amount of Each Receipt this Period: 44.82
Payroll Deduction

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
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: 448.20
Date of Receipt: 05 31 2005
Transaction ID: R20633
Amount of Each Receipt this Period: 44.82
Payroll Deduction

C.
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: 537.50
Date of Receipt: 05 13 2005
Transaction ID: R20573
Amount of Each Receipt this Period: 53.75
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **143.39**

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 18 / 35
(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): 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: 537.50
Date of Receipt: 05 31 2005
Transaction ID: R20637
Amount of Each Receipt this Period: 53.75
Payroll Deduction

B.
Full Name (Last, First, Middle Initial): Mr. John W. Mangan, CEBS
Mailing Address: 2850 SW Montgomery Drive
City: Portland State: OR Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Pacific Region
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 05 13 2005
Transaction ID: R20574
Amount of Each Receipt this Period: 100.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial): Mr. John W. Mangan, CEBS
Mailing Address: 2850 SW Montgomery Drive
City: Portland State: OR Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Pacific Region
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 475.00
Date of Receipt: 05 31 2005
Transaction ID: R20638
Amount of Each Receipt this Period: 100.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 253.75

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 19 / 35
(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)
Mr. Thomas J. McInerney
Mailing Address 4 Brook Ridge
City: West Simsbury State: CT Zip Code: 06092
FEC ID number of contributing federal political committee: C
Name of Employer: ING Financial Services
Occupation: Chief Executive Officer, U.S. Financia
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 05 04 2005
Transaction ID: R20511
Amount of Each Receipt this Period: 5000.00
Check

B.
Full Name (Last, First, Middle Initial)
Dayton Molendorp
Mailing Address 6507 Castle Knoll CT.
City: Indianapolis State: IN Zip Code: 46250
FEC ID number of contributing federal political committee: C
Name of Employer: OneAmerica
Occupation: President & Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 19 2005
Transaction ID: R20517
Amount of Each Receipt this Period: 1000.00
Check

C.
Full Name (Last, First, Middle Initial)
Brenda Nelson
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 Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 13 2005
Transaction ID: R20577
Amount of Each Receipt this Period: 50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 6050.00

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 / 35
(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)
Brenda Nation
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 Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 31 2005
Transaction ID: R20641
Amount of Each Receipt this Period: 50.00
Payroll Deduction

B.
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: 597.22
Date of Receipt: 05 13 2005
Transaction ID: R20580
Amount of Each Receipt this Period: 68.49
Payroll Deduction

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: 597.22
Date of Receipt: 05 31 2005
Transaction ID: R20644
Amount of Each Receipt this Period: 68.49
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ 186.98

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 21 / 35
(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)
Mr. Juan Carlos Scott
Mailing Address 101 Constitution Ave, NW
Suite 700
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: Vice President, Federal Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 329.00
Date of Receipt: 05 13 2005
Transaction ID: R20583
Amount of Each Receipt this Period: 52.25
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Mr. Juan Carlos Scott
Mailing Address 101 Constitution Ave, NW
Suite 700
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: Vice President, Federal Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 329.00
Date of Receipt: 05 31 2005
Transaction ID: R20647
Amount of Each Receipt this Period: 52.25
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Mr. Jerry D. Semler, CLU
Mailing Address P. O. Box 368
City: Indianapolis State: IN Zip Code: 46206-0368
FEC ID number of contributing federal political committee: C
Name of Employer: American United Life
Occupation: Chairman, President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 19 2005
Transaction ID: R20516
Amount of Each Receipt this Period: 1000.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1104.50**

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 22 / 35
(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)
Mr. Gary G. Taylor
Mailing Address One American Square
City: Indianapolis State: IN Zip Code: 46204-1926
FEC ID number of contributing federal political committee: C
Name of Employer: American United Life Insurance Company
Occupation: Assoc GC & VP, Govt Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 19 2005
Transaction ID: R20518
Amount of Each Receipt this Period: 500.00
Check

B.
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
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: 300.00

Date of Receipt: 05 13 2005
Transaction ID: R20588
Amount of Each Receipt this Period: 30.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Mr. David R. Wentworth
Mailing Address 101 Constitution Avenue, NW Suite 700 West
City: Washington State: DC Zip Code: 20001
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: 300.00

Date of Receipt: 05 31 2005
Transaction ID: R20652
Amount of Each Receipt this Period: 30.00
Payroll Deduction

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

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 23 / 35
(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)
Debra K. West

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 Counsel & Director, Southern Re

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 05 13 2005
Transaction ID: R20589
Amount of Each Receipt this Period: 50.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Debra K. West

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 Counsel & Director, Southern Re

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 05 31 2005
Transaction ID: R20653
Amount of Each Receipt this Period: 50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ..... ▶ **100.00**

TOTAL This Period (last page this line number only) ..... ▶ **13811.30**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 35
(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 PAC

A.
Full Name (Last, First, Middle Initial)
AUL PAC
Mailing Address P.O. Box 368
City: Indianapolis State: IN Zip Code: 46206-0368
FEC ID number of contributing federal political committee. C C00143164
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 3000.00
Date of Receipt 05 19 2005
Transaction ID: R20519
Amount of Each Receipt this Period 3000.00
Check

B.
Full Name (Last, First, Middle Initial)
Allianz Life Insurance Company PAC
Mailing Address 591 Redwood Highway #4000
City: Mill Valley State: CA Zip Code: 94941
FEC ID number of contributing federal political committee. C C00095109
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2500.00
Date of Receipt 05 24 2005
Transaction ID: R20525
Amount of Each Receipt this Period 2500.00
Check

C.
Full Name (Last, First, Middle Initial)
Nationwide PAC
Mailing Address One Nationwide Plaza
City: Columbus State: OH Zip Code: 43215
FEC ID number of contributing federal political committee. C C00076174
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00
Date of Receipt 05 27 2005
Transaction ID: R20530
Amount of Each Receipt this Period 5000.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ **10500.00**

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 25 / 35
(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 PAC

A. Full Name (Last, First, Middle Initial)
USAA Group PAC

Mailing Address USAA Building OP-1-E
9800 Fredericksburg Road

City: San Antonio
State: TX
Zip Code: 78288

FEC ID number of contributing federal political committee. C C00164145

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 04 2005

Transaction ID: R20512

Amount of Each Receipt this Period
5000.00

Check

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

TOTAL This Period (last page this line number only) ..... ▶ 15500.00

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)

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

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): A Lot of People Who Support Jeff Bingaman
Mailing Address: 110-B East Broad Street
City: Falls Church | State: VA | Zip Code: 22046
Purpose of Disbursement: Contr.
Candidate Name: Jeff Bingaman
Category/Type
Office Sought: House / X Senate / President
State: NM District:
Disbursement For: 2006 / X Primary / General / Other (specify)
Transaction ID: D9941
Date of Disbursement: 05 / 12 / 2005
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Bachus for Congress
Mailing Address: P O Box 59444
City: Birmingham | State: AL | Zip Code: 35259
Purpose of Disbursement: Contr.
Candidate Name: Spencer T. Bachus, III
Category/Type
Office Sought: X House / Senate / President
State: AL District: 06
Disbursement For: 2006 / X Primary / General / Other (specify)
Transaction ID: D9952
Date of Disbursement: 05 / 24 / 2005
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Bob Ney for Congress
Mailing Address: PO Box 490
City: St Clairsville | State: OH | Zip Code: 43950
Purpose of Disbursement: Contr.
Candidate Name: Bob W. Ney
Category/Type
Office Sought: X House / Senate / President
State: OH District: 18
Disbursement For: 2006 / X Primary / General / Other (specify)
Transaction ID: D9928
Date of Disbursement: 05 / 05 / 2005
Amount of Each Disbursement this Period: 1000.00

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

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)
CHRIS PAC

Mailing Address 227 Massachusetts Ave, NE
Suite 101

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement
Contr. CHRIS PAC (DC-D)

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9926
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Congressional Black Caucus PAC

Mailing Address 509 C Street, NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement
Contr. Congressional Black Caucus

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9935
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
DAK PAC

Mailing Address 122 Maryland Ave, NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement
Contr. DAKPAC (DC-D)

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9953
Date of Disbursement: 05 / 24 / 2005

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

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

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): DCCC
Mailing Address: 430 South Capitol Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Contr. DCCC
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: D9943
Date of Disbursement: 05/12/2005
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Dave Camp for Congress
Mailing Address: P.O. Box 423
City: Midland State: MI Zip Code: 48640
Purpose of Disbursement: Contr.
Candidate Name: Dave Lee Camp
Category/Type:
Office Sought: X House / Senate / President
State: MI District: 04
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9932
Date of Disbursement: 05/05/2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Ellen Tauscher for Congress
Mailing Address: P.O. Box 1285
City: Alamo State: CA Zip Code: 94507
Purpose of Disbursement: Contr.
Candidate Name: Ellen O. Tauscher
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 10
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9942
Date of Disbursement: 05/12/2005
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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

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): Friends of Clay Shaw
Mailing Address: P.O. Box 32579
City: Palm Beach Gardens | State: FL | Zip Code: 33420
Purpose of Disbursement: Contr.
Candidate Name: Clay Shaw, Jr.
Category/Type
Office Sought: X House / Senate / President
State: FL District: 22
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9925
Date of Disbursement: 05 / 05 / 2005
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Friends of John Boehner
Mailing Address: 7908-I Cincinnati Dayton Road
City: West Chester | State: OH | Zip Code: 45069
Purpose of Disbursement: Contr.
Candidate Name: John A. Boehner
Category/Type
Office Sought: X House / Senate / President
State: OH District: 08
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9923
Date of Disbursement: 05 / 05 / 2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of John Tanner
Mailing Address: P.O. Box 3301
City: Alexandria | State: VA | Zip Code: 22302
Purpose of Disbursement: Contr.
Candidate Name: John S. Tanner
Category/Type
Office Sought: X House / Senate / President
State: TN District: 08
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9929
Date of Disbursement: 05 / 05 / 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

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)
Friends of Kent Conrad

Mailing Address 122 Maryland Ave, NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Contr.

Candidate Name: Kent Conrad

Category/Type

Office Sought: House / X Senate / President — State: ND District:

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

Transaction ID: D9950
Date of Disbursement: 05 / 24 / 2005
Amount of Each Disbursement this Period: 1000.00

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

Mailing Address PO Box 241497

City: Omaha | State: NE | Zip Code: 68124

Purpose of Disbursement: Contr.

Candidate Name: Chuck Hagel

Category/Type

Office Sought: House / X Senate / President — State: NE District:

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

Transaction ID: D9945
Date of Disbursement: 05 / 12 / 2005
Amount of Each Disbursement this Period: 1000.00

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: 2006 — X Primary / General / Other (specify)

Transaction ID: D9931
Date of Disbursement: 05 / 05 / 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

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): Judy Biggert for Congress
Mailing Address: P.O. Box 637
City: Hinsdale State: IL Zip Code: 60522
Purpose of Disbursement: Contr.
Candidate Name: Judy Biggert
Category/Type
Office Sought: X House / Senate / President
State: IL District: 13
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D993D
Date of Disbursement: 05 / 05 / 2005
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Mike Crapo for US Senate
Mailing Address: PO Box 1948
City: Boise State: ID Zip Code: 83701
Purpose of Disbursement: Contr.
Candidate Name: Michael D. Crapo
Category/Type
Office Sought: House / X Senate / President
State: ID District:
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: D9934
Date of Disbursement: 05 / 05 / 2005
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): People for English
Mailing Address: 104 Hume Ave
City: Alexandria State: VA Zip Code: 22301
Purpose of Disbursement: Contr.
Candidate Name: Phil English
Category/Type
Office Sought: X House / Senate / President
State: PA District: 03
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: D9933
Date of Disbursement: 05 / 05 / 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

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

Transaction ID: D9954
Date of Disbursement: 05 / 24 / 2005

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
Republican Majority Fund

Mailing Address 101 Constitution Ave, NW
Suite 900

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Contr. Republican Majority Fund (OK-R)

Candidate Name:

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9924
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
Stabenow for US Senate

Mailing Address PO Box 4945

City: East Lansing | State: MI | Zip Code: 48826

Purpose of Disbursement: Contr.

Candidate Name: Debbie Stabenow

Category/Type

Office Sought: House / X Senate / President

State: MI District:

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

Transaction ID: D9949
Date of Disbursement: 05 / 24 / 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

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)
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: D9944
Date of Disbursement: 05 / 12 / 2005

Amount of Each Disbursement this Period: 2159.18

B. Full Name (Last, First, Middle Initial)
Corner Bakery

Mailing Address 529 14th Street, NW
Suite F11

City: Washington | State: DC | Zip Code: 20045

Purpose of Disbursement: In-Kind TOMPAC

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9937
Date of Disbursement: 05 / 12 / 2005

Amount of Each Disbursement this Period: 340.82

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

Mailing Address 2021 East Dublin Granville Road
Suite 2000

City: Columbus | State: OH | Zip Code: 43229

Purpose of Disbursement: Contr.

Candidate Name: Patrick J. Tiberi

Category/Type

Office Sought: X House / Senate / President

State: OH District: 12

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

Transaction ID: D9927
Date of Disbursement: 05 / 05 / 2005

Amount of Each Disbursement this Period: 1000.00

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)

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

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)
Tim Johnson for South Dakota

Mailing Address 420 C Street, NE
Lower Level

City: Washington
State: DC
Zip Code: 20002

Purpose of Disbursement: Contr.

Candidate Name: Tim Johnson

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

Disbursement For: 2008
X Primary / General
Other (specify)

Category/Type

Transaction ID: D9951
Date of Disbursement: 05 / 24 / 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) ..... ▶ 39500.00

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)

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

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)
Republican Senate Campaign Committee of Ohio

Mailing Address: Attn: Jimmy Hanson, Treas.
211 South Fifth Street

City: Columbus
State: OH
Zip Code: 43215

Purpose of Disbursement
Non-Federal Republican Senate Campaign

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9946
Date of Disbursement
05 / 12 / 2005

Amount of Each Disbursement this Period
1500.00

Cmte of OH

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