

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		11360.44
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	14125.44									
(c) Total Receipts (from Line 19)	2255.00	5020.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16380.44	16380.44								
7. Total Disbursements (from Line 31)	12500.00	12500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3880.44	3880.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1520.00	2020.00
(i) Itemized (use Schedule A)	735.00	3000.00
(ii) Unitemized	2255.00	5020.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2255.00	5020.00
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))	2255.00	5020.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2255.00	5020.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	12500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12500.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	12500.00

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	2255.00	5020.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2255.00	5020.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) George Connolly	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5593
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$50.00 & \$10.00
Name of Employer Minnesota Life Insurance Co	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Jenean Cordon	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5594
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
Name of Employer Minnesota Life Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Guy deLambert	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5595
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
Name of Employer Minnesota Life Insurance Company	Occupation Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Jean Delaney Nelson	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5596
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Occupation Minnesota Life Insurance Co Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Sue Ebertz	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5597
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Occupation Minnesota Life Insurance Co Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Robert Ehren	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 400 Robert Street N	Transaction ID: SA11AI.5598
	City State Zip Code St. Paul MN 55101	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$60.00
	Name of Employer Occupation Minnesota Life Insurance Co Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Gary Kleist

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee. C

Name of Employer
Minnesota Life Insurance Company

Occupation
Second Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2008

Transaction ID: SA11AI.5604

Amount of Each Receipt this Period
120.00

monthly payroll deduction
\$40.00

B.

Full Name (Last, First, Middle Initial)
Catherine McCarty

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee. C

Name of Employer
Minnesota Life Insurance Company

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2008

Transaction ID: SA11AI.5607

Amount of Each Receipt this Period
120.00

monthly payroll deduction
\$40.00

C.

Full Name (Last, First, Middle Initial)
Lynne Mills

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee. C

Name of Employer
Minnesota Life Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2008

Transaction ID: SA11AI.5608

Amount of Each Receipt this Period
120.00

monthly payroll deduction
\$40.00

SUBTOTAL of Receipts This Page (optional) 360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 10
(check only one)

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Robert Olafson

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation
Minnesota Life Insurance Senior Vice President
Co

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5609

Amount of Each Receipt this Period
150.00

monthly payroll deduction \$50.00

B.

Full Name (Last, First, Middle Initial)
Bruce Shay

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation
Minnesota Life Insurance Senior Vice President
Co

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5612

Amount of Each Receipt this Period
120.00

monthly payroll deduction \$40.00

C.

Full Name (Last, First, Middle Initial)
Nancy Winter

Mailing Address 400 Robert Street North

City State Zip Code
St Paul MN 55101

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

Name of Employer Occupation
Minnesota Life Insurance Second Vice President
Company

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.5614

Amount of Each Receipt this Period
120.00

monthly payroll deduction \$40.00

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	1520.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
NORM COLEMAN FOR US SENATE

Mailing Address 1410 Energy Park Drive
Suite 11

City ST PAUL State MN Zip Code 55108

Purpose of Disbursement
Year to date aggregate \$5,000.00

Candidate Name
NORM COLEMAN FOR US SENATE

Office Sought: House
 Senate
 President

State: MN District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5627
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
NORM COLEMAN FOR US SENATE

Mailing Address 1410 Energy Park Drive
Suite 11

City ST PAUL State MN Zip Code 55108

Purpose of Disbursement
Year to date aggregate \$10,000.00

Candidate Name
NORM COLEMAN FOR US SENATE

Office Sought: House
 Senate
 President

State: MN District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5628
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
AMY KLOBUCHAR for Senate

Mailing Address 416 6TH STREET SE

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement
Year to date aggregate \$5,000.00

Candidate Name
AMY KLOBUCHAR for Senate

Office Sought: House
 Senate
 President

State: MN District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5625
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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