

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
3. IS THIS REPORT NEW (N) **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) 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 2006 through 09 30 2006

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. Donald L. Walker
Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 10 12 2006

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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 57647.24 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 47208.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 38224.04 | 272504.97 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 85432.56 | 330152.21 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 56500.00 | 301219.65 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 28932.56 | 28932.56 | | | | | | | | |
| 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
American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 18912.28 | 78156.23 |
| (i) Itemized (use Schedule A) | 2561.76 | 28598.74 |
| (ii) Unitemized | 21474.04 | 106754.97 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 16750.00 | 165750.00 |
| (c) Other Political Committees (such as PACs) | 38224.04 | 272504.97 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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)) | 38224.04 | 272504.97 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 38224.04 | 272504.97 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 49000.00 | 287712.73 |
| 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 | 211.92 |
| (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 | 211.92 |
| 29. Other Disbursements..... | 7500.00 | 13295.00 |
| 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)).. | 56500.00 | 301219.65 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 56500.00 | 301219.65 |

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) | 38224.04 | 272504.97 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 211.92 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 38224.04 | 272293.05 |
| 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: (check only one) | PAGE 6 / 44 |
| | <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 | |

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 Roderick J. Halvorson

Mailing Address 16924 84th Ave NE

City State Zip Code
Kenmore WA 98028-3934

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

Name of Employer Symetra Financial Corporation
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 Y
09 / 05 / 2006

Transaction ID: 16734404

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Herbert M. Allison, Jr

Mailing Address 730 Third Avenue

City State Zip Code
New York NY 10017-3206

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

Name of Employer TIAA-CREF
Occupation Chairman, President & Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: 16734405

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Bruce J. Nicholson

Mailing Address 10569 Bluff Road

City State Zip Code
Eden Prairie MN 55347-5011

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

Name of Employer Thrivent Financial For Lutherans
Occupation Chairman, President & Chief Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2006

Transaction ID: 16755623

Amount of Each Receipt this Period
1250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6550.00 |
| 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: (check only one) | PAGE 7 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. John F. Barrett

Mailing Address 9300 Shawnee Run Road

City State Zip Code
Cincinnati OH 45243-2826

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

Name of Employer Western-Southern Financial Group
Occupation Chairman of the Board, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: 16891257

Amount of Each Receipt this Period
1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Edward J. Bonach, FSA

Mailing Address One National Life Drive

City State Zip Code
Montpelier VT 05604-1000

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

Name of Employer National Life Group
Occupation Executive Vice President and CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: 16910601

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Christopher Maryanopolis

Mailing Address 1396 Marble Island Road #5

City State Zip Code
Colchester VT 05446-4433

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

Name of Employer National Life Insurance Company
Occupation President - Equity Services, Inc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 16960850

Amount of Each Receipt this Period
300.00

| | |
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| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| 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: (check only one) | PAGE 8 / 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Thomas Craig Smyth | | Date of Receipt MM / DD / YYYY 09 / 25 / 2006 |
| Mailing Address 951 Lands End Circle | | Transaction ID: 16967314 |
| City State Zip Code Saint Charles MO 63304-5017 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer RGA Reinsurance Group of America | Occupation Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. William L. Hutton | | Date of Receipt MM / DD / YYYY 09 / 25 / 2006 |
| Mailing Address 9225 Matthews Lane | | Transaction ID: 16967316 |
| City State Zip Code Saint Louis MO 63127-1341 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer RGA Reinsurance Group of America | Occupation Assistant General Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Sidney L. Harp, II | | Date of Receipt MM / DD / YYYY 09 / 29 / 2006 |
| Mailing Address P.O. Box 1383 | | Transaction ID: 17004831 |
| City State Zip Code Donaldsonville LA 70346-1383 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 400.00 |
| Name of Employer Citizens Insurance Company of America | Occupation Vice President, Home Service Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 900.00 |
| 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: (check only one) | PAGE 9 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Harold E. Riley

Mailing Address P.O. Box 149151

City State Zip Code
Austin TX 78714-9151

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

Name of Employer
Citizens Insurance Company of America

Occupation
Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 17004838

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Mr. Rick D. Riley

Mailing Address 5602 Painted Valley Drive

City State Zip Code
Austin TX 78759-5526

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

Name of Employer
Citizens Insurance Company of America

Occupation
Chr of the Bd, President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 17004839

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ruth B. Smith

Mailing Address One National Life Drive

City State Zip Code
Montpelier VT 05604-1000

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

Name of Employer
National Life Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 17065418

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4750.00 |
| 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: (check only one) | PAGE 10 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR112048978166 | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 85.34 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Senior Counsel Aggregate Year-to-Date ▼ 744.52 | | |
| | | P/R Deduction (\$42.67 Semi-Monthly) | |

| | | | |
|---|---|--|--|
| B. Full Name (Last, First, Middle Initial) Mr. Donald L. Walker | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115642718166 | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 100.00 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation CFO Aggregate Year-to-Date ▼ 750.00 | | |
| | | P/R Deduction (\$50.00 Semi-Monthly) | |

| | | | |
|---|---|--|--|
| C. Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133339298166 | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 234.38 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Senior Vice President, Tax and Retirement Aggregate Year-to-Date ▼ 351.57 | | |
| | | P/R Deduction (\$117.19 Semi-Monthly) | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 419.72 |
| 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: (check only one) | PAGE 11 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Gary E. Hughes | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77135828166 | |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 260.00 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Executive Vice Pres & General Counsel Aggregate Year-to-Date ▼ 2340.00 | | |
| P/R Deduction (\$130.00 Semi-Monthly) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136248166 | |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 100.00 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Managing Dir., Conference Development Aggregate Year-to-Date ▼ 900.00 | | |
| P/R Deduction (\$50.00 Semi-Monthly) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. John F. Dolan | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136548166 | |
| Mailing Address 101 Constitution Ave, NW Suite 700 West | | Amount of Each Receipt this Period 40.00 | |
| 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Managing Director, Media Relations Aggregate Year-to-Date ▼ 330.00 | | |
| P/R Deduction (\$20.00 Semi-Monthly) | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 400.00 |
| 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: (check only one) | PAGE 14 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. C. Bryan Cox | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR77137688166 | |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 41.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer American Council of Life Insurers | Occupation Regional Vice President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 369.00 | | |
| | | P/R Deduction (\$20.50 Semi-Monthly) | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan, CEBS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID: PR77137718166 | |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 200.00 | | |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1800.00 | | |
| | | P/R Deduction (\$100.00 Semi-Monthly) | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Ms. Linda L. Lanam | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR77137738166 | |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 50.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Annuities | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 450.00 | | |
| | | P/R Deduction (\$25.00 Semi-Monthly) | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 291.00 |
| 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: (check only one) | PAGE 15 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Donald G. Preston Jr. | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77138648166 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 144.80 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$72.40 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Managing Director, Reinsurance | Aggregate Year-to-Date 1303.19 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Kimberly Dorgan | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77139518166 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 313.54 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$156.77 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Executive Vice President, Federal Rel | Aggregate Year-to-Date 2821.86 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. John Pearson | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77140268166 |
| Mailing Address 10075 Red Run Boulevard | | Amount of Each Receipt this Period 100.00 |
| City Owings Mills State MD Zip Code 21117-4865 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$50.00 Bi-Weekly) |
| Name of Employer Baltimore Life Insurance Company Occupation President & CEO | Aggregate Year-to-Date 650.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 558.34 |
| 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: (check only one) | PAGE 17 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Frank Keating | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR77141978166 |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 416.66 | |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$208.33 Se-mi-Monthly) |
| Name of Employer American Council of Life Insurers | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 3749.94 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Michael J. Hunter | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR77141988166 |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 416.66 | |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$208.33 Se-mi-Monthly) |
| Name of Employer American Council of Life Insurers | Occupation Executive Vice President & COO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 3749.94 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Brenda Nation | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: PR77141998166 |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 100.00 | |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$50.00 Sem-i-Monthly) |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 900.00 | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 933.32 |
| 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: (check only one) | PAGE 19 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ms. Katherine C. Smith | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142298166 |
| Mailing Address 101 Constitution Ave, NW Suite 700 West | | Amount of Each Receipt this Period 31.26 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$15.63 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation PAC Director | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 265.70 |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Lisa Tate | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142328166 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 | | Amount of Each Receipt this Period 80.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$40.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Senior Counsel | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. John P. Gerni | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142878166 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 100.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$50.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Senior Legislative Director | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 211.26 |
| 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: (check only one) | PAGE 20 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Juan Carlos Scott | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142888166 |
| Mailing Address 101 Constitution Ave, NW Suite 700 West | | Amount of Each Receipt this Period 112.50 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$56.25 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Senior Vice President, Federal Relatio Aggregate Year-to-Date ▼ 1012.50 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. David C. Turner | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142898166 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 162.50 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$81.25 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 1419.15 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Susan Harvey | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77143528166 |
| Mailing Address 101 Constitution Ave, NW Suite 700 West | | Amount of Each Receipt this Period 40.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Director, Outreach Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 315.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Alane R. Dent | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID: PR77144438166 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 45.30 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Federal Relations | P/R Deduction (\$22.65 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 407.69 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. T. Scott Dixon | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 101 Constitution Avenue NW Suite 700 West | | Transaction ID: PR77144498166 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer American Council of Life Insurers | Occupation Controller | P/R Deduction (\$20.00 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Andrew Melnyk | | Date of Receipt M M / D D / Y Y Y Y Y |
| Mailing Address 101 Constitution Avenue NW Suite 700 | | Transaction ID: PR77144588166 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 26.92 |
| Name of Employer American Council of Life Insurers | Occupation Director, Research | P/R Deduction (\$13.46 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 242.27 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 112.22 |
| 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 / 44 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---|---|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms. Julie A. Spiezio | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 101 Constitution Avenue NW Suite 700 | | Transaction ID: PR77144968166 | | |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 50.00 | | P/R Deduction (\$25.00 Semi-Monthly) | |
| FEC ID number of contributing federal political committee. C _____ | | Name of Employer American Council of Life Insurers Occupation Senior Vice President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ _____ 450.00 | | |

| | | | | |
|---|---|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. John K. Bruins | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 101 Constitution Avenue NW Suite 700 | | Transaction ID: PR77145018166 | | |
| City State Zip Code Washington DC 20001-2133 | Amount of Each Receipt this Period _____ 24.50 | | P/R Deduction (\$12.25 Semi-Monthly) | |
| FEC ID number of contributing federal political committee. C _____ | | Name of Employer American Council of Life Insurers Occupation Actuary | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ _____ 220.50 | | |

| | | | | |
|---|--|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Gregory F. Jenner | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 101 Constitution Avenue Nw Suite 700 | | Transaction ID: PR77525898166 | | |
| City State Zip Code Washington DC 20080-0001 | Amount of Each Receipt this Period _____ 435.72 | | P/R Deduction (\$217.86 Semi-Monthly) | |
| FEC ID number of contributing federal political committee. C _____ | | Name of Employer American Council of Life Insurers Occupation Executive Vice President, Taxes | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ _____ 3692.88 | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 510.22 |
| 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: (check only one) | PAGE 23 / 44 |
| | <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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Raymond J. Hazel | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 7 Daydilly Court | | Transaction ID: PR79688798166 | |
| City Wilmington | State DE | Zip Code 19808-1951 | Amount of Each Receipt this Period _____ 40.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer London Life Reinsurance Company | Occupation VP Finance, & CFO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 260.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. Mrs Monica M Hainer | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 130 Wentworth Drive | | Transaction ID: PR79811448166 | |
| City Lansdale | State PA | Zip Code 19446-1671 | Amount of Each Receipt this Period _____ 60.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer London Life Reinsurance Company | Occupation President & CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 360.00 | | |
| | | P/R Deduction (\$30.00 Bi-Weekly) | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Maurice Perkins | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID: PR80514918166 | |
| City Washington | State DC | Zip Code 20001-2133 | Amount of Each Receipt this Period _____ 131.34 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Financial Services | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 1182.05 | | |
| | | P/R Deduction (\$65.67 Semi-Monthly) | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 231.34 |
| 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 24 / 44 | |
| | (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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Counsel, Insurance Regulation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR90481958166

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 50.00 |
| TOTAL This Period (last page this line number only) | ▶ | 18912.28 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 44 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. American National PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 | |
| Mailing Address One Moody Plaza | | Transaction ID: 16755624 | |
| City State Zip Code Galveston TX 77550 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00135525 | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Western-Southern PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 | |
| Mailing Address 400 Broadway | | Transaction ID: 16891248 | |
| City State Zip Code Cincinnati OH 45202 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00258228 | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 5000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Sun Life Assurance Company of Canada (U.S.) PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 | |
| Mailing Address 201 Townsend Street Suite 900 | | Transaction ID: 16967288 | |
| City State Zip Code Lansing MI 48933 | Amount of Each Receipt this Period 4250.00 | | |
| FEC ID number of contributing federal political committee. C C00419333 | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 4250.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 14250.00 |
| 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 26 / 44 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Phoenix Companies PAC

Mailing Address One American Row

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Hartford | CT | 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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 17065417

Amount of Each Receipt this Period
2500.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 16750.00 |

**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)
American Council of Life Insurers Political Action Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bachus for Congress | | Transaction ID: 16822440 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address P O Box 59444 | | Amount of Each Disbursement this Period 1000.00 |
| City Birmingham State AL Zip Code 35259 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Spencer Bachus | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 6 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Melissa Bean For Congress | | Transaction ID: 16822280 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address Post Office Box 3068 | | Amount of Each Disbursement this Period 2000.00 |
| City Barrington State IL Zip Code 60010 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Rep. Melissa Bean | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of John Boehner | | Transaction ID: 16823178 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 7908-I Cincinnati Dayton Road | | Amount of Each Disbursement this Period 1000.00 |
| City West Chester State OH Zip Code 45069 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name John Boehner | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| 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)

PAGE 28 / 44

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|--|----------------------|--|
| Full Name (Last, First, Middle Initial) A. Dave Camp for Congress | | Transaction ID: 16920421 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 423 | | Amount of Each Disbursement this Period 1000.00 |
| City Midland State MI Zip Code 48640 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 4 | | |

| | | |
|---|----------------------|--|
| Full Name (Last, First, Middle Initial) B. Cole for Congress | | Transaction ID: 16964606 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 12176 Chancery Station Circle | | Amount of Each Disbursement this Period 1000.00 |
| City Reston State VA Zip Code 20190 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Tom Cole Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 4 | | |

| | | |
|---|----------------------|--|
| Full Name (Last, First, Middle Initial) C. Committee To Elect Artur Davis To Congress | | Transaction ID: 16822547 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address Post Office Box 1845 | | Amount of Each Disbursement this Period 1000.00 |
| City Birmingham State AL Zip Code 35201 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Rep. Artur Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 7 | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)
American Council of Life Insurers Political Action Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mike Dewine For US Senate | | Transaction ID: 16826906 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 340188 | | Amount of Each Disbursement this Period 5000.00 |
| City Columbus State OH Zip Code 43234 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Sen. Mike DeWine | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. John T. Doolittle For Congress | | Transaction ID: 16920283 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 2150 River Plaza Dr. #150 | | Amount of Each Disbursement this Period 1000.00 |
| City Sacramento State CA Zip Code 95833 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Rep. John Doolittle | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 4 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Dreier for Congress Committee | | Transaction ID: 16822999 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address P.O. Box 505 | | Amount of Each Disbursement this Period 1000.00 |
| City Upland State CA Zip Code 91785 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name David Dreier | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)
American Council of Life Insurers Political Action Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Fitzpatrick For Congress | | Transaction ID: 16822676 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 115 N Broad Street | | Amount of Each Disbursement this Period 1000.00 |
| City Doylestown State PA Zip Code 18901 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Rep. Michael Fitzpatrick | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Barney Frank for Congress | | Transaction ID: 16920293 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 38 Ivy Street, SE | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20003 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Barney Frank | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 4 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jim Gerlach for Congress Committee | | Transaction ID: 16826065 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 911 Welsh Ayres Way | | Amount of Each Disbursement this Period 1000.00 |
| City Downingtown State PA Zip Code 19335 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name Jim Gerlach | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. People with Hart | | Transaction ID: 16964610 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 217 Executive Drive Suite 102 | | Amount of Each Disbursement this Period 1000.00 |
| City Cranberry Township State PA Zip Code 16066 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Melissa Hart | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Hooley for Congress | | Transaction ID: 16920430 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 320 Massachusetts Avenue, NE | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Darlene Hooley | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Hoyer for Congress | | Transaction ID: 16964599 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 7905 Malcolm Road Suite 102 | | Amount of Each Disbursement this Period 2500.00 |
| City Clinton State MD Zip Code 20735 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Steny Hoyer | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)

PAGE 32 / 44

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | | |
|---|-----------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. Johnson for Congress Committee | | Transaction ID: 16823293 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006 | |
| Mailing Address P.O. Box 1986 | | Amount of Each Disbursement this Period 3000.00 | |
| City New Brighton | State CT | Zip Code 06050 | 011 Category/ Type |
| Purpose of Disbursement | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Nancy Johnson | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CT District: 5 | | |

| | | | |
|---|------------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) B. Pennsylvanians for Kanjorski | | Transaction ID: 16920426 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address 126 South Franklin Street | | Amount of Each Disbursement this Period 1000.00 | |
| City Wilkes-Barre | State PA | Zip Code 18701 | 011 Category/ Type |
| Purpose of Disbursement | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Paul Kanjorski | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: PA District: 11 | | |

| | | | |
|---|------------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) C. Sue Kelly for Congress | | Transaction ID: 16920392 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address 1707 Prince Street, #7 | | Amount of Each Disbursement this Period 2000.00 | |
| City Alexandria | State VA | Zip Code 22314 | 011 Category/ Type |
| Purpose of Disbursement | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Sue Kelly | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: NY District: 19 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| 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)

PAGE 33 / 44

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jon Kyl for U.S. Senate | | Transaction ID: 16823667 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 507 Capitol Court, NE Suite 100 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | | |
| Purpose of Disbursement Candidate Name Jon Kyl Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Larson for Congress | | Transaction ID: 16825381 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 29 Ruff Circle | | Amount of Each Disbursement this Period 1000.00 |
| City Glastonbury State CT Zip Code 06033 | | |
| Purpose of Disbursement Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Levin For Congress | | Transaction ID: 16920423 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 37 | | Amount of Each Disbursement this Period 1000.00 |
| City Roseville State MI Zip Code 48066 | | |
| Purpose of Disbursement Candidate Name Rep. Sander Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty) |

**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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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|----------------------|---|
| Full Name (Last, First, Middle Initial) A. Friends of Joe Lieberman | | Transaction ID: 16920394 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 4322 State House Square | | Amount of Each Disbursement this Period 2500.00 |
| City Hamden State CT Zip Code 06514 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Joseph Lieberman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 2 | | |

| | | |
|---|----------------------|---|
| Full Name (Last, First, Middle Initial) B. Matheson for Congress | | Transaction ID: 16826127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 636 | | Amount of Each Disbursement this Period 1000.00 |
| City Annadale State VA Zip Code 22003 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 2 | | |

| | | |
|---|----------------------|---|
| Full Name (Last, First, Middle Initial) C. Gary Miller for Congress | | Transaction ID: 16920291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 721 S Brea Canyon Road Suite 7 | | Amount of Each Disbursement this Period 1000.00 |
| City Diamond Bar State CA Zip Code 91789 | | |
| Purpose of Disbursement | 011 Category/Type | |
| Candidate Name Gary Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Pryce for Congress | | Transaction ID: 16825590 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 145 E. Rich Street | | Amount of Each Disbursement this Period 5000.00 |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement Candidate Name Deborah Pryce Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Renzi for Congress | | Transaction ID: 16920429 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address P.O. Box 219 | | Amount of Each Disbursement this Period 1000.00 |
| City Flagstaff State AZ Zip Code 86002 | | |
| Purpose of Disbursement Candidate Name Rick Renzi Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 1 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paul Ryan for Congress | | Transaction ID: 16920319 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 29 West Milwaukee Street Suite 201 | | Amount of Each Disbursement this Period 1000.00 |
| City Janesville State WI Zip Code 53545 | | |
| Purpose of Disbursement Candidate Name Paul Ryan Category/Type 011 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 1 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Pete Sessions for Congress | | Transaction ID: 16920424 |
| Mailing Address P O Box 38585 | | Date of Disbursement 09 / 19 / 2006 |
| City Dallas | State TX | Zip Code 75238 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Pete Sessions | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX | District: 32 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Clay Shaw | | Transaction ID: 16825974 |
| Mailing Address P.O. Box 32579 | | Date of Disbursement 09 / 13 / 2006 |
| City Palm Beach Gardens | State FL | Zip Code 33420 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Clay Shaw | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL | District: 22 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Clay Shaw | | Transaction ID: 16920393 |
| Mailing Address P.O. Box 32579 | | Date of Disbursement 09 / 19 / 2006 |
| City Palm Beach Gardens | State FL | Zip Code 33420 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name Clay Shaw | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: FL | District: 22 | |

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|--|----------------|
| 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)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Christopher Shays for Congress Committee | | Transaction ID: 16920427 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 98 East Avenue, Rear Building | | Amount of Each Disbursement this Period 1000.00 |
| City Norwalk State CT Zip Code 06851 | | |
| Purpose of Disbursement Candidate Name Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4 | 011 Category/ Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Stabenow for US Senate | | Transaction ID: 16822823 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 4945 | | Amount of Each Disbursement this Period 1000.00 |
| City East Lansing State MI Zip Code 48826 | | |
| Purpose of Disbursement Candidate Name Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2 | 011 Category/ Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Team Sununu | | Transaction ID: 16825491 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 500 | | Amount of Each Disbursement this Period 1000.00 |
| City Rye State NH Zip Code 03870 | | |
| Purpose of Disbursement Candidate Name John Sununu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2 | 011 Category/ Type | |
| Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 1200 Trinity Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011
Category/
Type

Candidate Name
Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 12

Transaction ID: 16823071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Kip Averitt Campaign Committee | | Transaction ID: 16964594 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address P.O. Box 20638 | | Amount of Each Disbursement this Period 500.00 Kip Averitt, STATE SENATE TX |
| City Waco State TX Zip Code 76702 | 011 Category/Type | |
| Purpose of Disbursement Kip Averitt, STATE SENATE TX | | |
| Candidate Name Kip Averitt | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Rick Berg for House of Representatives | | Transaction ID: 16964563 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address P.O. Box 3024 | | Amount of Each Disbursement this Period 200.00 Rick Berg, STATE HOUSE 45th ND |
| City Fargo State ND Zip Code 58108 | 011 Category/Type | |
| Purpose of Disbursement Rick Berg, STATE HOUSE 45th ND | | |
| Candidate Name Rick Berg | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 45 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. John Carona Campaign | | Transaction ID: 16964589 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address P. O. Box 600035 | | Amount of Each Disbursement this Period 500.00 John Carona, STATE SENATE TX |
| City Dallas State TX Zip Code 75360 | 011 Category/Type | |
| Purpose of Disbursement John Carona, STATE SENATE TX | | |
| Candidate Name John Carona | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1200.00 |
| 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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Carter Campaign Fund | | Transaction ID: 16920458 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address 100 Poydras Street Suite 1230 | | Amount of Each Disbursement this Period 1000.00 |
| City New Orleans State LA Zip Code 70163 | Purpose of Disbursement Karen Carter, STATE HOUSE 93rd LA Candidate Name Karen Carter Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 93 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Karen Carter, STATE HOUSE 93rd LA |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Tom Craddick Campaign Committee | | Transaction ID: 16964584 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 3108 Stanolind | | Amount of Each Disbursement this Period 1000.00 |
| City Midland State TX Zip Code 79705 | Purpose of Disbursement Tom Craddick, STATE HOUSE 82nd TX Candidate Name Representative Tom Craddick Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 82 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Tom Craddick, STATE HOUSE 82nd TX |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Craig Eiland for Representative | | Transaction ID: 16964582 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 2423 Market Street Suite 1 | | Amount of Each Disbursement this Period 500.00 |
| 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: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Craig Eiland, STATE HOUSE 23rd TX |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2500.00 |
| 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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Duaine Espegard Campaign | | Transaction ID: 16964566 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 3649 Lynwood Curcle | | Amount of Each Disbursement this Period 200.00 |
| City Grand Forks State ND Zip Code 58201 | | |
| Purpose of Disbursement Duaine Espegard, STATE SENATE ND | 011 Category/ Type | |
| Candidate Name ND Sen. Duaine Espegard | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: ND District: 43 | Duaine Espegard, STATE SE- NATE ND |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Troy Fraser Campaign Committee | | Transaction ID: 16964588 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P.O. Box 13243 | | Amount of Each Disbursement this Period 500.00 |
| City Austin State TX Zip Code 78711 | | |
| Purpose of Disbursement Troy Fraser, STATE SENATE TX | 011 Category/ Type | |
| Candidate Name Troy Fraser | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: TX District: 24 | Troy Fraser, STATE SENATE TX |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Carl Isett Campaign Committee | | Transaction ID: 16964579 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P.O. Box 6337 | | Amount of Each Disbursement this Period 300.00 |
| City Lubbock State TX Zip Code 79493 | | |
| Purpose of Disbursement Carl Isett, STATE HOUSE 84th TX | 011 Category/ Type | |
| Candidate Name Representative Carl Isett | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: TX District: 84 | Carl Isett, STATE HOUSE 84th TX |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Nancy Johnson Campaign | | Transaction ID: 16964548 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 1308 A Empire Road | | Amount of Each Disbursement this Period 200.00 |
| City Dickinson State ND Zip Code 58601 | 011 Category/ Type | |
| Purpose of Disbursement Nancy Johnson, STATE HOUSE 37th ND | | |
| Candidate Name Representative Nancy Johnson | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 37 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Nancy Johnson, STATE HOUSE 37th ND |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bill Keffer for Representative | | Transaction ID: 16964578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 8401 N. Central Expressway Suite 630 | | Amount of Each Disbursement this Period 300.00 |
| City Dallas State TX Zip Code 75225 | 011 Category/ Type | |
| Purpose of Disbursement Bill Keffer, STATE HOUSE 107th TX | | |
| Candidate Name Bill Keffer | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Bill Keffer, STATE HOUSE 107th TX |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. George Keiser Campaign | | Transaction ID: 16964556 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 422 Toronto Drive | | Amount of Each Disbursement this Period 200.00 |
| City Bismarck State ND Zip Code 58503 | 011 Category/ Type | |
| Purpose of Disbursement George Keiser, STATE HOUSE 47th ND | | |
| Candidate Name Representative George Keiser | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 47 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | George Keiser, STATE HOUSE 47th ND |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 700.00 |
| 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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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Duane Mutch Campaign | | Transaction ID: 16964559 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address P.O. Box 416 | | Amount of Each Disbursement this Period 200.00 |
| City Larimore State ND Zip Code 58251 | Purpose of Disbursement Duane Mutch, STATE SENATE ND Candidate Name Senator Duane Mutch Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 19 | | |
| Duane Mutch, STATE SENATE ND | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Gene Seaman for Representative | | Transaction ID: 16964576 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 2222 Airline Suite A-9 | | Amount of Each Disbursement this Period 400.00 |
| City Corpus Christi State TX Zip Code 78414 | Purpose of Disbursement Gene Seaman, STATE HOUSE 32nd TX Candidate Name Gene Seaman Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32 | | |
| Gene Seaman, STATE HOUSE 32nd TX | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Larry Taylor for Representative | | Transaction ID: 16964574 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 174 Calder Road Suite 116 | | Amount of Each Disbursement this Period 500.00 |
| City League City State TX Zip Code 77574 | Purpose of Disbursement Larry Taylor, STATE HOUSE 24th TX Candidate Name Larry Taylor Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 24 | | |
| Larry Taylor, STATE HOUSE 24th TX | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Senfronia Thompson Campaign Committee | | Transaction ID: 16964571 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 7611 Sterlingshire | | Amount of Each Disbursement this Period 300.00 |
| City Houston State TX Zip Code 77016 | 011 Category/ Type Senfronia Thompson, STATE HOUSE 141st TX | |
| Purpose of Disbursement Senfronia Thompson, STATE HOUSE 141st TX | | |
| Candidate Name Senfronia Thompson | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX District: 14 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Leticia Van de Putte for Senator | | Transaction ID: 16964586 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 700 N. St. Mary's Street Suite 1725 | | Amount of Each Disbursement this Period 500.00 |
| City San Antonio State TX Zip Code 78205 | 011 Category/ Type Leticia Van de Putte, STATE SENATE TX | |
| Purpose of Disbursement Leticia Van de Putte, STATE SENATE TX | | |
| Candidate Name Senator Leticia Van de Putte | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX District: 26 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Wald for House of Representatives | | Transaction ID: 16964568 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 433 Seventh Street East | | Amount of Each Disbursement this Period 200.00 |
| City Dickinson State ND Zip Code 58601 | 011 Category/ Type Francis Wald, STATE HOUSE 37th ND | |
| Purpose of Disbursement Francis Wald, STATE HOUSE 37th ND | | |
| Candidate Name Francis Wald | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: ND District: 37 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | 7500.00 |