09/15/2005 09 : 14

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** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00147066

3. IS THIS REPORT — X 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)	X 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 08 01 2005 through 08 31 2005

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

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

Signature of Treasurer: Electronically Filed by Mr. L Charles FitzGerald — Date 09 15 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 08 01 2005 To: 08 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		51625.41
(b) Cash on Hand at Begining of Reporting Period	32165.71	
(c) Total Receipts (from Line 19)	26480.49	239020.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58646.20	290646.20
7. Total Disbursements (from Line 31)	20000.00	252000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38646.20	38646.20
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 08 01 2005 To: 08 31 2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11226.26	81024.42
(ii) Unitemized	1254.23	21996.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	12480.49	103020.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14000.00	136000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	26480.49	239020.79
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))	26480.49	239020.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26480.49	239020.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	20000.00	247000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	5000.00
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))	20000.00	252000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	20000.00	252000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26480.49	239020.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26480.49	239020.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mr. Michael J. Bartholomew
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 675.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136283897
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr. Mark Center
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel, Federal Taxes
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 243.04
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141003897
Amount of Each Receipt this Period: 37.88
P/R Deduction ($18.94 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Mr. C. Bryan Cox
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Legislative Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 336.24
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137683897
Amount of Each Receipt this Period: 38.10
P/R Deduction ($19.05 Semi-Monthly)

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Ms. Linda H. Cunningham
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Conference Development
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 777.28
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136243897
Amount of Each Receipt this Period: 97.16
P/R Deduction ($48.58 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Joanne S. Daly
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President, Administration
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136253897
Amount of Each Receipt this Period: 150.00
P/R Deduction ($75.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Nancy S. Davenport
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Sr. Counsel & Director, NE Region
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142543897
Amount of Each Receipt this Period: 50.00
P/R Deduction ($25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **297.16**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Alane R. Dent
Mailing Address: 101 Constitution Ave, NW, Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Federal Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 334.19
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144439897
Amount of Each Receipt this Period: 42.08
P/R Deduction ($21.04 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): T. Scott Dixon
Mailing Address: 101 Constitution Avenue NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Controller
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 320.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144493897
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Ms. Kimberly Dorgan
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President, Federal Relatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2291.68
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77139513897
Amount of Each Receipt this Period: 286.46
P/R Deduction ($143.23 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 368.54

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Mr. J. Bruce Ferguson
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President, State Relations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1242.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137323897
Amount of Each Receipt this Period: 215.62
P/R Deduction ($107.81 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Michael Fink
Mailing Address P.O. Box 149151
City: Austin State: TX Zip Code: 78714-9151
FEC ID number of contributing federal political committee: C
Name of Employer: Citizens Insurance Company of America
Occupation: Senior 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 08 29 2005
Transaction ID: 9109814
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Mr. John P. Geml
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Legislative Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 766.72
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142873897
Amount of Each Receipt this Period: 95.84
P/R Deduction ($47.92 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 561.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Mr. Morris Goff
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Assistant Vice President, Tax
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 579.36
Date of Receipt
Transaction ID: PR77141933897
Amount of Each Receipt this Period: 72.42
P/R Deduction ($36.21 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mrs Monica M Heiner
Mailing Address 130 Wentworth Drive
City: Lansdale State: PA Zip Code: 19446-1671
FEC ID number of contributing federal political committee: C
Name of Employer: London Life Reinsurance Company
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 23 2005
Transaction ID: 8987997
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mr. James D. Hall
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt
Transaction ID: PR77137433897
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **602.42**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial)
Ms. Susan Harvey
Mailing Address 101 Constitution Ave, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Director, Outreach
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77143523897
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Public Affairs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 318.64
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137353897
Amount of Each Receipt this Period: 39.58
P/R Deduction ($19.79 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. Raymond J. Hazel
Mailing Address 7 Daydilly Court
City: Wilmington State: DE Zip Code: 19808-1551
FEC ID number of contributing federal political committee: C
Name of Employer: London Life Reinsurance Company
Occupation: VP Finance, & CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: M M / D D / Y Y Y Y
08 23 2005
Transaction ID: B987771
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 389.58

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22
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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. Gary E. Hughes
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice Pres & General Counse
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2200.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77135823897
Amount of Each Receipt this Period: 275.00
P/R Deduction ($137.50 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr. Michael J. Hunter
Mailing Address: 101 Constitution Avenue, NW, Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice President & COO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77141883897
Amount of Each Receipt this Period: 500.00
P/R Deduction ($250.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial): Mr. Gregory F. Jenner
Mailing Address: 101 Constitution Avenue Nw, Suite 700
City: Washington State: DC Zip Code: 20080-0001
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Vice President, Taxes
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1125.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77525893897
Amount of Each Receipt this Period: 375.00
P/R Deduction ($187.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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. Dennis L. Johnson, FLMI, CLU
Mailing Address 1212 12th Avenue Road
City: Nampa State: ID Zip Code: 83686-6002
FEC ID number of contributing federal political committee: C
Name of Employer: United Heritage Mutual Life Insurance
Occupation: President and CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 265.00
Date of Receipt: 08 25 2005
Transaction ID: 9109773
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial)
Frank Keating
Mailing Address 101 Constitution Avenue, NW Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2499.98
Date of Receipt:
Transaction ID: PR77141873897
Amount of Each Receipt this Period: 416.66
P/R Deduction ($208.33 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms. Linda L. Lenem
Mailing Address 101 Constitution Avenue, NW Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Annuities
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt:
Transaction ID: PR77137733897
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 516.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 22
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Mr. David M. Leifer
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 717.12
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137403897
Amount of Each Receipt this Period: 89.64
P/R Deduction ($44.82 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Daniel J. Mahoney
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Communications
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 860.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142093897
Amount of Each Receipt this Period: 107.50
P/R Deduction ($53.75 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. John W. Mangan, CEBS
Mailing Address 101 Constitution Ave, NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Regional Vice President, State Relatio
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1075.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77137713897
Amount of Each Receipt this Period: 200.00
P/R Deduction ($100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 397.14

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 22
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Brenda Nation
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt
Transaction ID: PR77141993897
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Paul E. Patry
Mailing Address P.O. Box 738
City: Osterville State: MA Zip Code: 02655-0738
FEC ID number of contributing federal political committee: C
Name of Employer: Boston Mutual Life Insurance Company
Occupation: Chairman, President & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 08 15 2005
Transaction ID: 8920257
Amount of Each Receipt this Period: 1500.00

C.
Full Name (Last, First, Middle Initial)
Mr. Donald G. Preston Jr.
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Managing Director, Reinsurance
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1008.16
Date of Receipt
Transaction ID: PR77138643897
Amount of Each Receipt this Period: 136.98
P/R Deduction ($68.49 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1736.98**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial)
Ms. Barbara A. Price
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: VP, Legislative & Regulatory Informati
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 320.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77136903897
Amount of Each Receipt this Period: 40.00
P/R Deduction ($20.00 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Mr. Harold E. Riley
Mailing Address P.O. Box 149151
City: Austin State: TX Zip Code: 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: 1000.00
Date of Receipt: 08 29 2005
Transaction ID: 9109812
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
Mr. Rick D. Riley
Mailing Address 5802 Painted Valley Drive
City: Austin State: TX Zip Code: 78759-5528
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: 08 29 2005
Transaction ID: 9109816
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3540.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 22
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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. Juan Carlos Scott
Mailing Address 101 Constitution Ave, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Federal Relations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 642.50
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142863897
Amount of Each Receipt this Period: 104.50
P/R Deduction ($52.25 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial)
Ms. Nancy Smith
Mailing Address 101 Constitution Avenue, NW
Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Executive Assistant
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77142003897
Amount of Each Receipt this Period: 30.00
P/R Deduction ($15.00 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Ms. Julie A. Spiezio
Mailing Address 101 Constitution Avenue NW
Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Senior Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: M M / D D / Y Y Y Y
Transaction ID: PR77144863897
Amount of Each Receipt this Period: 50.00
P/R Deduction ($25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 184.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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 Randall H Talbot
Mailing Address 3421 Evergreet PT. RD
City: Medina State: WA Zip Code: 98039-1022
FEC ID number of contributing federal political committee: C
Name of Employer: Symetra Financial Corporation
Occupation: President & Chief Executive Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 08 23 2005
Transaction ID: 8988306
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
David C. Turner
Mailing Address 101 Constitution Ave, NW Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President and Deputy Corporate Se
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 291.68
Date of Receipt:
Transaction ID: PR77142893897
Amount of Each Receipt this Period: 145.84
P/R Deduction ($72.92 Semi-Monthly)

C.
Full Name (Last, First, Middle Initial)
Mr. David R. Wentworth
Mailing Address 101 Constitution Avenue, NW Suite 700 West
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Research
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt:
Transaction ID: PR77137603897
Amount of Each Receipt this Period: 60.00
P/R Deduction ($30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1205.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 22
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City: Washington
State: DC
Zip Code: 20001-2133

FEC ID number of contributing federal political committee: C

Name of Employer: American Council of Life Insurers

Occupation: Senior Counsel & Director, Southern Re

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date: 800.00

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

Transaction ID: PR77142103897

Amount of Each Receipt this Period: 100.00

P/R Deduction ($50.00 Semi-Monthly)

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

TOTAL This Period (last page this line number only) ..... ▶ 11226.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 22
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial)
ING US PAC
Mailing Address P.O. Box 105006
City: Atlanta State: GA Zip Code: 30348
FEC ID number of contributing federal political committee. C C00184028
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 08 15 2005
Transaction ID: 8920256
Amount of Each Receipt this Period: 5000.00

B.
Full Name (Last, First, Middle Initial)
Trust PAC
Mailing Address Trustmark Insurance Company
400 Field Drive
City: Lake Forest State: IL Zip Code: 60045
FEC ID number of contributing federal political committee. C C00156166
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 4000.00
Date of Receipt: 08 17 2005
Transaction ID: 8985626
Amount of Each Receipt this Period: 4000.00

C.
Full Name (Last, First, Middle Initial)
Western-Southern PAC
Mailing Address 400 Broadway
City: Cincinnati State: OH Zip Code: 45202
FEC ID number of contributing federal political committee. C C00258228
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 08 23 2005
Transaction ID: B9883D7
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **14000.00**

TOTAL This Period (last page this line number only) ..... ▶ **14000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial): DCCC
Mailing Address: 430 South Capitol Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: B515149
Date of Disbursement: 08/08/2005
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): DSCC
Mailing Address: 120 Maryland Avenue, NE
City: Washington State: DC Zip Code: 20006
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 9143171
Date of Disbursement: 08/30/2005
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): NRCC
Mailing Address: 320 First Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 8515071
Date of Disbursement: 08/08/2005
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial): NRSC
Mailing Address: 425 2nd Street, NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 9143170
Date of Disbursement: 08 / 30 / 2005
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Friends for Harry Reid
Mailing Address: PO Box 85223
City: Las Vegas State: NV Zip Code: 89185
Purpose of Disbursement: Void - Friends for Harry Reid
Candidate Name: Harry Reid
Category/Type: 011
Office Sought: House / X Senate / President
State: NV District: 1
Disbursement For: 2010 X Primary / General / Other (specify)
Transaction ID: 9143192
Date of Disbursement: 08 / 30 / 2005
Amount of Each Disbursement this Period: -5000.00
Void - Friends for Harry Reid

C.
Full Name (Last, First, Middle Initial): Searchlight Leadership Fund
Mailing Address: 422 C St., NE Lower Level
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: 9143172
Date of Disbursement: 08 / 30 / 2005
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

TOTAL This Period (last page this line number only) ..... ▶ **20000.00**