

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 12 01 2007 through 12 31 2007

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 01 22 2008

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									
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FEC FORM 3X
(Rev. 12/2004)

**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	18979.66									
(c) Total Receipts (from Line 19)	14554.30	320772.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33533.96	355860.17								
7. Total Disbursements (from Line 31)	9286.62	331612.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24247.34	24247.34								
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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	4969.48	96725.99
(i) Itemized (use Schedule A)		
(ii) Unitemized	584.82	40546.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5554.30	137272.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	9000.00	183500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14554.30	320772.12
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))	14554.30	320772.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14554.30	320772.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8286.62	315062.83
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.....	1000.00	16550.00
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))..	9286.62	331612.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9286.62	331612.83

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	14554.30	320772.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14554.30	320772.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance PAC

Mailing Address 175 Berkeley Street

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

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 Y
 1 2 / 2 6 / 2 0 0 7

Transaction ID: 22891481

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AmerUs Group PAC

Mailing Address 611 Fifth Avenue

City State Zip Code
Des Moines IA 50309

FEC ID number of contributing federal political committee. **C** C00180901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: 23007560

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

TOTAL This Period (last page this line number only) ► **9000.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28

(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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation Senior Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1063.93</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1120489712571</p> <p>Amount of Each Receipt this Period 88.66</p> <p>P/R Deduction (\$44.33 Semi-Monthly)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Donald L. Walker</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City State Zip Code Washington DC 20001-2133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Council of Life Insurers</p> <p>Occupation CFO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1156427112571</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. John C. Knauss</p> <p>Mailing Address 80 Home Road</p> <p>City State Zip Code Hatboro PA 19040-2044</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer London Life Reinsurance Company</p> <p>Occupation Corporate Actuary</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1268589012571</p> <p>Amount of Each Receipt this Period 20.00</p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>

SUBTOTAL of Receipts This Page (optional) ▶

208.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28
(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)
Jean-Francois Poulin

Mailing Address 527 Bookbinder Way

City Lansdale State PA Zip Code 19446-4056

FEC ID number of contributing federal political committee. C

Name of Employer London Life Reinsurance Company
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: PR1415829612571

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Peter L. Tedone

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

FEC ID number of contributing federal political committee. C

Name of Employer VantisLife Insurance Company
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.30

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

Transaction ID: PR1503560112571

Amount of Each Receipt this Period 84.60

P/R Deduction (\$42.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee. C

Name of Employer American Council of Life Insurers
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 648.44

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

Transaction ID: PR1550105912571

Amount of Each Receipt this Period 338.54

P/R Deduction (\$169.27 Se-mi-Monthly)

SUBTOTAL of Receipts This Page (optional) 463.14

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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"/>	<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. Gary E. Hughes	Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City Washington State DC Zip Code 20001-2133	Transaction ID: PR771358212571
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 270.34
	Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3244.07	P/R Deduction (\$135.17 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Mr. Carl B. Wilkerson	Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City Washington State DC Zip Code 20001-2133	Transaction ID: PR771358312571
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 17.00
	Name of Employer American Council of Life Insurers Occupation Chief Counsel, Securities & Litigation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00	P/R Deduction (\$8.50 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham	Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City Washington State DC Zip Code 20001-2133	Transaction ID: PR771362412571
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
	Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	387.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28
(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)
Ms. Roberta B. Meyer

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 Assoc. General Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771362712571

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John F. Dolan

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, Media Relations

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771365412571

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation VP, Legislative & Regulatory Informati

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 577.47

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771369012571

Amount of Each Receipt this Period 50.26

P/R Deduction (\$25.13 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **110.26**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28
(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. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771373212571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 233.22
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, State Relations	P/R Deduction (\$116.61 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2798.65	

B.

Full Name (Last, First, Middle Initial) Ms. Shawn Hausman		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771373512571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.82
Name of Employer American Council of Life Insurers	Occupation Sr. Vice President, Public Affairs	P/R Deduction (\$21.41 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 513.83	

C.

Full Name (Last, First, Middle Initial) Mr. David M. Leifer		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771374012571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.66
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	P/R Deduction (\$63.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1318.40	

SUBTOTAL of Receipts This Page (optional)	402.70
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28
(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)
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 ▼ 360.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771374312571

Amount of Each Receipt this Period 30.00

P/R Deduction (\$15.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David R. Wentworth

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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 ▼ 720.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771376012571

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. C. Bryan Cox

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 514.07

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771376812571

Amount of Each Receipt this Period 42.84

P/R Deduction (\$21.42 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 132.84

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28
(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. 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 ▼ 2400.00

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

Transaction ID: PR771377112571

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald G. Preston Jr.

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Managing Director, Reinsurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1837.45

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

Transaction ID: PR771386412571

Amount of Each Receipt this Period 153.12

P/R Deduction (\$76.56 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 Executive Vice President, Federal Rela

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4003.10

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

Transaction ID: PR771395112571

Amount of Each Receipt this Period 416.66

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **769.78**

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

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

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

FOR LINE NUMBER: PAGE 14 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 10075 Red Run Boulevard

City Owings Mills State MD Zip Code 21117-4865

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

Name of Employer Baltimore Life Insurance Company
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771402612571
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Olivia Gillis

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 Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771408112571
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Sheila M. Ziegler

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 Excutive Secretary, Office of the Gene

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.33

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771412112571
 Amount of Each Receipt this Period 26.36
 P/R Deduction (\$13.18 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 146.36

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 28
(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. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771419312571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.98
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$39.99 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 959.76	

B.

Full Name (Last, First, Middle Initial) 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: PR771419712571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation President & CEO	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	

C.

Full Name (Last, First, Middle Initial) 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: PR771419812571
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & COO	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	

SUBTOTAL of Receipts This Page (optional)	913.30
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<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) 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: PR771419912571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 100.00
	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 Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Ms. Nancy Smith	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771420012571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771420912571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 113.76
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$56.88 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1365.11	

SUBTOTAL of Receipts This Page (optional)	243.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28
(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)
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 ▼ 1200.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771421012571

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael Lovendusky

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 Assoc. General Counsel

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771421112571

Amount of Each Receipt this Period 20.00

P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Katherine C. Smith

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 PAC Director

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 699.43

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR771422912571

Amount of Each Receipt this Period 59.38

P/R Deduction (\$29.69 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 179.38

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28

(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) Ms. Lisa Tate 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 Associate General Counsel, Litigation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 960.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771423212571 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Semi-Monthly)
B.	Full Name (Last, First, Middle Initial) Ms. Nina Aponte Mailing Address 101 Constitution Ave, 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 Senior Staff Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771425312571 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Semi-Monthly)
C.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni Mailing Address 101 Constitution Ave, 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 Senior Legislative Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1292.52	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428712571 Amount of Each Receipt this Period 110.42 P/R Deduction (\$55.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	210.42
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28		
	<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

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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	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Ave, NW Suite 700 West	Transaction ID: PR771428812571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 117.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.75 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Vice President, Federal Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1410.00	

B.	Full Name (Last, First, Middle Initial) David C. Turner	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771428912571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 171.26
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$85.63 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Sr. Vice President and Corp Sec. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2055.11	

C.	Full Name (Last, First, Middle Initial) Miriam Krol	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771434012571
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	308.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28
(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) Kynondo Lewis		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771439612571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 19.16	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.58 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Legal Editor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 229.93			

B.	Full Name (Last, First, Middle Initial) 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: PR771444312571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 48.80	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$24.40 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 585.60			

C.	Full Name (Last, First, Middle Initial) 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: PR771444912571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00			

SUBTOTAL of Receipts This Page (optional)	107.96
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 28
(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. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y		
	Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771445812571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 28.16	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.08 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Director, Research		Aggregate Year-to-Date 337.93

B.	Full Name (Last, First, Middle Initial) 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: PR771449612571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Vice President		Aggregate Year-to-Date 600.00

C.	Full Name (Last, First, Middle Initial) 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: PR771450112571		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$13.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers		Occupation Senior Actuary		Aggregate Year-to-Date 312.00

SUBTOTAL of Receipts This Page (optional)	104.16
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 28
(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)
Mr. Raymond J. Hazel

Mailing Address 7 Daydilly Court

City State Zip Code
Wilmington DE 19808-1951

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

Name of Employer Occupation
London Life Reinsurance Company VP Finance, & CFO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR796887912571

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mrs Monica M Hainer

Mailing Address 130 Wentworth Drive

City State Zip Code
Lansdale PA 19446-1671

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

Name of Employer Occupation
London Life Reinsurance Company President & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 567.00

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR798114412571

Amount of Each Receipt this Period
54.00

P/R Deduction (\$27.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

Name of Employer Occupation
American Council of Life Insurers Vice President, Federal Relations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1639.93

Date of Receipt
M M / D D / Y Y Y Y Y
Transaction ID: PR805149112571

Amount of Each Receipt this Period
136.66

P/R Deduction (\$68.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 28	
	(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		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee.		Transaction ID: PR904819512571
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer American Council of Life Insurers		600.00	
Occupation Counsel, Insurance Regulation		P/R Deduction (\$25.00 Semi-Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
TOTAL This Period (last page this line number only)	<input type="text"/> 4969.48

**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

<p>A. Full Name (Last, First, Middle Initial) American Council of Life Insurers</p> <p>Mailing Address 101 Constitution Ave, NW Suite 700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind for room rental, use of corporate resources for 12/13 meet and greet</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22535472 Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>011 Category/ Type</p> <p>In-kind for room rental, use of corporate resources for 12/13 meet and greet</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Cafe</p> <p>Mailing Address 101 Constitution Ave, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-kind for catering at meet and greet on 12/13/07</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22840702 Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 136.62</p> <p>011 Category/ Type</p> <p>In-kind for catering at meet and greet on 12/13/07</p>
<p>C. Full Name (Last, First, Middle Initial) Paul Hodes For Congress</p> <p>Mailing Address 26 South Main Street, #253</p> <p>City Concord State NH Zip Code 03301</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Paul Hodes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22678613 Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1536.62

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

<p>A. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address 499 South Capitol Street, SW Suite 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bradley Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 13</p>	<p>Transaction ID: 22543277 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	0	/	2	0	0	7													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Reynolds for Congress</p> <p>Mailing Address PO Box 15388 Pittsford</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Thomas Reynolds</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 26</p>	<p>Transaction ID: 22747894 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	9	/	2	0	0	7													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 02</p>	<p>Transaction ID: 22678611 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	0	/	2	0	0	7													
1000.00																						

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Stivers for Congress</p> <p>Mailing Address 211 S. Fifth Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22543237</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ellen Tauscher for Congress</p> <p>Mailing Address P.O. Box 1285</p> <p>City Alamo State CA Zip Code 94507</p> <p>Purpose of Disbursement</p> <p>Candidate Name Ellen Tauscher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22678612</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Cafe</p> <p>Mailing Address 101 Constitution Ave, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement In-Kind for Catering for event on 11/6/07</p> <p>Candidate Name Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22678615</p> <p>Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 102.47</p> <p>In-Kind for Catering for event on 11/6/07</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1852.47

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 27 / 28

<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

A.	Full Name (Last, First, Middle Initial) Wyden for Senate		Transaction ID: 22678617	
	Mailing Address 123 NE 3rd Suite 321		Date of Disbursement MM / DD / YYYY 12 / 10 / 2007	
	City Portland	State OR	Zip Code 97232	Amount of Each Disbursement this Period 397.53
	Purpose of Disbursement		011 Category/ Type	
	Candidate Name Ron Wyden			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: OR	District: 01		

SUBTOTAL of Disbursements This Page (optional)

397.53

TOTAL This Period (last page this line number only)

8286.62

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

A. Full Name (Last, First, Middle Initial) O'Connor for Supreme Court <hr/> Mailing Address 211 S. Fifth Street <hr/> City Columbus State OH Zip Code 43215 <hr/> Purpose of Disbursement Maureen O'Connor, SUPREME COURT JUSTICE OH Candidate Name Maureen O'Connor <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22679225 Date of Disbursement 12 / 10 / 2007
	Amount of Each Disbursement this Period 500.00 Maureen O'Connor, SUPREME COURT JUSTICE OH
B. Full Name (Last, First, Middle Initial) Stratton for Supreme Court <hr/> Mailing Address 260 N. Cassady Ave. <hr/> City Columbus State OH Zip Code 43209 <hr/> Purpose of Disbursement Evelyn Stratton, SUPREME COURT JUSTICE OH Candidate Name Evelyn Stratton <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22679224 Date of Disbursement 12 / 10 / 2007
	Amount of Each Disbursement this Period 500.00 Evelyn Stratton, SUPREME COURT JUSTICE OH

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