

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 10 07 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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		24247.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	32010.61									
(c) Total Receipts (from Line 19)	34270.50	313275.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66281.11	337523.01								
7. Total Disbursements (from Line 31)	31000.00	302241.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35281.11	35281.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14057.24	94766.95
(i) Itemized (use Schedule A)		
(ii) Unitemized	2713.26	37508.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16770.50	132275.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	17500.00	176000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34270.50	308275.67
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	5000.00
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))	34270.50	313275.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34270.50	313275.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	283891.90
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	18350.00
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))..	31000.00	302241.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31000.00	302241.90

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)	34270.50	308275.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34270.50	308275.67
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 / 38
(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)
American Fidelity Corporation PAC
Mailing Address P.O. Box 25523

City State Zip Code
Oklahoma City OK 73125

FEC ID number of contributing federal political committee. **C** C00210526

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
 0 9 / 0 3 / 2 0 0 8
Transaction ID: 26229871
 Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
USAA Group PAC
Mailing Address USAA Building OP-1-E
9800 Fredericksburg Road

City State Zip Code
San Antonio TX 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 0 / 2 0 0 8
Transaction ID: 26325704
 Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Phoenix Companies PAC
Mailing Address One American Row

City State Zip Code
Hartford CT 06115

FEC ID number of contributing federal political committee. **C** C00168203

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 0 / 2 0 0 8
Transaction ID: 26325705
 Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 38
(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)
Unum PAC

Mailing Address 2211 Congress Street

City State Zip Code
Portland ME 04122

FEC ID number of contributing federal political committee. **C** C00155770

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 8

Transaction ID: 26352901

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	17500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<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. James L. Anderson	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address P.O. Box 410288	Transaction ID: 26229882
	City State Zip Code Kansas City MO 64141-0288	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Americo Financial Life and Annuity Ins Occupation: Senior Vice President, Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mr. Mark K. Fallon	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 2209 W. 126th Street	Transaction ID: 26229955
	City State Zip Code Leawood KS 66209-1384	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Americo Life Insurance Company Occupation: Senior Vice President & Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jack L. Fortini	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 11428 W. 106th ST	Transaction ID: 26229959
	City State Zip Code Overland Park KS 66214-2692	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Americo Financial Life and Annuity Ins Occupation: Vice President, Counsel & Secretary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mr. Rodney K. Foster	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 5814 W. 131st Street	Transaction ID: 26229980
	City State Zip Code Overland Park KS 66209-3639	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer United Fidelity Life Insurance Company	Occupation Senior Vice President & Chief Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gregory A. Hamilton	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 3447 W. 138th Terrace	Transaction ID: 26229983
	City State Zip Code Leawood KS 66224-4595	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Americo Financial Life and Annuity Ins	Occupation Vice President & Director, Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Cathy Ann Hunt	Date of Receipt MM / DD / YYYY 09 / 04 / 2008
	Mailing Address 16090 NW 126th Terrace	Transaction ID: 26229984
	City State Zip Code Platte City MO 64079-7279	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Great Southern Life Insurance Company	Occupation Vice President, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38

(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. Robert L. La Plant

Mailing Address 5604 W. 147th Place

City State Zip Code
Overland Park KS 66223-1171

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

Name of Employer Occupation
Great Southern Life Insurance Company Vice President & Chief Technology Offi

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 26229985

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mr. William T. Marden

Mailing Address 13411 W. 128th Terrace

City State Zip Code
Overland Park KS 66213-3840

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

Name of Employer Occupation
Americo Financial Life and Annuity Ins Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 26229987

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael A. Merriman

Mailing Address 300 West 11th Street

City State Zip Code
Kansas City MO 64105-1618

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

Name of Employer Occupation
Americo Life Insurance Company Chairman of the Board

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 26229988

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38

(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. Gary L. Muller

Mailing Address 300 W. 11th Street

City State Zip Code
Kansas City MO 64105-1618

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

Name of Employer Occupation
Americo Life Insurance Co- Chief Executive Officer
mpany

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 26230113

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Mr Jerry D Davis

Mailing Address 7224 Massey Road

City State Zip Code
Granbury TX 76049-2230

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

Name of Employer Occupation
National Farm Life Insura- President & Chief Executive Officer
nce

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: 26325778

Amount of Each Receipt this Period

1050.00

C.

Full Name (Last, First, Middle Initial)
Mr. Mark Bigsby

Mailing Address 1027 Belmont Drive

City State Zip Code
Kennedale TX 76060-5617

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

Name of Employer Occupation
National Farm Life Insura- Senior Vice President & Treasurer
nce

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 8

Transaction ID: 26325781

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38
(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"/>		<input type="checkbox"/>		<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 Richard R Jernigan

Mailing Address 6921 CR 204

City State Zip Code
Grandview TX 76050

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

Name of Employer National Farm Life Insurance
Occupation Senior Vice President, Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2008

Transaction ID: 26325794

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Cary Wright

Mailing Address 3323 Shellbrook Cr

City State Zip Code
Arlington TX 76016-2064

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

Name of Employer National Farm Life Insurance
Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2008

Transaction ID: 26325809

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Leah J. Walters

Mailing Address 101 Consitution 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 Insurance
Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2008

Transaction ID: 26352900

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Batza		Date of Receipt
	Mailing Address 605 Fox Glen Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 19 / 2008
	City	State	Zip Code
	Saint Charles	IL	60174-8807
	FEC ID number of contributing federal political committee.		Transaction ID: 26387460
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer MTL Insurance Company		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Sidney L. Harp, II		Date of Receipt
	Mailing Address P.O. Box 1383		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Donaldsonville	LA	70346-1383
	FEC ID number of contributing federal political committee.		Transaction ID: 26417445
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer CICA Life Insurance Company of America		Occupation Vice President, Home Service Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Mr Ray A. Riley		Date of Receipt
	Mailing Address 5910 Overlook Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Austin	TX	78731-4222
	FEC ID number of contributing federal political committee.		Transaction ID: 26417449
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer CICA Life Insurance Company of America		Occupation EVP/CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 14 / 38		
	<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) Ms. Gail E. Lataille		Date of Receipt MM / DD / YYYY 09 / 25 / 2008		
	Mailing Address 256 Stanley Drive		Transaction ID: 26418841		
	City Glastonbury	State CT	Zip Code 06033-2622	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VantisLife Insurance Company	Occupation Vice President and Controller	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Michael R. Hopkins		Date of Receipt MM / DD / YYYY 09 / 29 / 2008		
	Mailing Address P.O. Box 149151		Transaction ID: 26429292		
	City Austin	State TX	Zip Code 78714-9151	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CICA Life Insurance Company of America	Occupation Office Services Manager	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR1120489714735		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 92.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Council of Life Insurers	Occupation Senior Counsel	Aggregate Year-to-Date 831.05		

P/R Deduction (\$46.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	642.34
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 / 38
(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. Donald L. Walker

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 CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR1156427114735
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

B. 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 ▼ 3046.86

Date of Receipt 09 / 30 / 2008
Transaction ID: PR1550105914735
 Amount of Each Receipt this Period 338.54
 P/R Deduction (\$169.27 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City Orlanda State FL Zip Code 32819

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

Name of Employer Hannover Life Reassurance Company of A Occupation SVP & Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR1553146914735
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 478.54

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 / 38
	<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. Robert H. Neill Jr., Jr.	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1554864814735
	City State Zip Code Washington DC 20001-2140	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: Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Ms. Gail Steinberg	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR1565786714735
	City State Zip Code Washington DC 20001-2140	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: Director, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

C.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771358214735
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 281.16
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$140.58 Semi-Monthly)
	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 ▼ 2530.45	

SUBTOTAL of Receipts This Page (optional)	421.16
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 17 / 38
(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
							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. Linda H. Cunningham		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771362414735		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 97.92	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$48.96 Semi-Monthly)		
	Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development	Aggregate Year-to-Date 886.48		

B.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR771362814735		
	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	Aggregate Year-to-Date 650.00		

C.	Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID: PR771365414735		
	City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Semi-Monthly)		
	Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	Aggregate Year-to-Date 480.00		

SUBTOTAL of Receipts This Page (optional)	257.92
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 / 38

(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. Barbara A. Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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 VP, Legislative & Regulatory Informati

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
472.51

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR771369014735

Amount of Each Receipt this Period

52.50

P/R Deduction (\$26.25 Semi-Monthly)

B.

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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 Vice President, State Relations

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2224.62

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR771373214735

Amount of Each Receipt this Period

247.18

P/R Deduction (\$123.59 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Ms. Shawn Hausman

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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 Sr. Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
408.42

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR771373514735

Amount of Each Receipt this Period

45.38

P/R Deduction (\$22.69 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶

345.06

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 19 / 38
(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. 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 ▼ 1139.94

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771374014735
Amount of Each Receipt this Period 126.66
P/R Deduction (\$63.33 Semi-Monthly)

B. 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 ▼ 270.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771374314735
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 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 ▼ 540.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771376014735
Amount of Each Receipt this Period 60.00
P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 216.66

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: (check only one)	PAGE 20 / 38
	<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. C. Bryan Cox	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771376814735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 45.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$22.75 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Regional Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 409.50	

B.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771377114735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00	

C.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771386414735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 161.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.73 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Managing Director, Reinsurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1453.14	

SUBTOTAL of Receipts This Page (optional)	406.96
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: (check only one)	PAGE 21 / 38
	<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. Kimberly Dorgan	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771395114735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se- mi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Executive Vice President, Federal Rela Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3749.94	

B.	Full Name (Last, First, Middle Initial) Mr. John Pearson	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 10075 Red Run Boulevard	Transaction ID: PR771402614735
	City Owings Mills State MD Zip Code 21117-4865	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi- Weekly)
	Name of Employer Baltimore Life Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00	

C.	Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR771412114735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 28.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.33 Sem- i-Monthly)
	Name of Employer American Council of Life Insurers Occupation Excutive Secretary, Office of the Gene Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 257.94	

SUBTOTAL of Receipts This Page (optional)	545.32
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 / 38

(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 0 9 / 3 0 / 2 0 0 8
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419314735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 93.72
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$46.86 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 ▼ 843.49	
B.	Full Name (Last, First, Middle Initial) Frank Keating	Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419714735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter	Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	Transaction ID: PR771419814735
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	

SUBTOTAL of Receipts This Page (optional) ▶

927.04

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 / 38
(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)
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 ▼ 900.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771419914735
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 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 ▼ 270.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771420014735
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Semi-Monthly)

C. 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 ▼ 900.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771421014735
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 38
(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. 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 ▼ 555.83

Date of Receipt 09 / 30 / 2008

Transaction ID: PR771422914735

Amount of Each Receipt this Period 61.76

P/R Deduction (\$30.88 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Lisa Tate

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 Associate General Counsel, Litigation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 30 / 2008

Transaction ID: PR771423214735

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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 ▼ 1053.73

Date of Receipt 09 / 30 / 2008

Transaction ID: PR771428714735

Amount of Each Receipt this Period 117.08

P/R Deduction (\$58.54 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 258.84

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 25 / 38
(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. 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 Senior Vice President, Federal Relatio

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1121.03

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771428814735
Amount of Each Receipt this Period 124.56
P/R Deduction (\$62.28 Semi-Monthly)

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 Sr. Vice President and Corp Sec.

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1633.51

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771428914735
Amount of Each Receipt this Period 181.50
P/R Deduction (\$90.75 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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 ▼ 477.73

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771444314735
Amount of Each Receipt this Period 53.08
P/R Deduction (\$26.54 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **359.14**

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: PAGE 26 / 38
(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
							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)
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 ▼ 360.00

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771444914735
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Mr. Andrew Melnyk

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 Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 268.73

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771445814735
Amount of Each Receipt this Period 29.86
P/R Deduction (\$14.93 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Mrs. Courtney English

Mailing Address 101 Constitution Avenue NW
Suite 700

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 Director, Grassroots

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.23

Date of Receipt 09 / 30 / 2008
Transaction ID: PR771449414735
Amount of Each Receipt this Period 34.58
P/R Deduction (\$17.29 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 104.44

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 27 / 38
(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
							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. Julie A. Spiezio		Date of Receipt MM / DD / YYYY 09 / 30 / 2008	
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771449614735	
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			
Name of Employer American Council of Life Insurers	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)	

B.

Full Name (Last, First, Middle Initial) Mr. John K. Bruins		Date of Receipt MM / DD / YYYY 09 / 30 / 2008	
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771450114735	
City Washington	State DC	Zip Code 20001-2133	Amount of Each Receipt this Period 27.16
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation Senior Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.45	P/R Deduction (\$13.58 Semi-Monthly)	

C.

Full Name (Last, First, Middle Initial) Mr. Raymond J. Hazel		Date of Receipt MM / DD / YYYY 09 / 30 / 2008	
Mailing Address 7 Daydilly Court		Transaction ID: PR796887914735	
City Wilmington	State DE	Zip Code 19808-1951	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	117.16
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: (check only one)	PAGE 28 / 38
	<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) Mrs Monica M Hainer	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2008
	Mailing Address 130 Wentworth Drive	Transaction ID: PR798114414735
	City State Zip Code Lansdale PA 19446-1671	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer London Life Reinsurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$27.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2008
	Mailing Address 101 Constitution Ave, NW Suite 700	Transaction ID: PR805149114735
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 142.66
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1283.94	P/R Deduction (\$71.33 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman	Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700	Transaction ID: PR904819514735
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	246.66
TOTAL This Period (last page this line number only)	14057.24

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

A. Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee <hr/> Mailing Address PO Box 1247 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. James Risch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 26394875 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <hr/> Candidate Name Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 04
Amount of Each Disbursement this Period 1000.00	
011 Category/Type	Transaction ID: 26394908 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
C. Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller <hr/> Mailing Address PO Box 1909 <hr/> City Charleston State WV Zip Code 25327 <hr/> Purpose of Disbursement <hr/> Candidate Name John Rockefeller <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:	Transaction ID: 26394908 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
Amount of Each Disbursement this Period 1000.00	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Republican Majority Fund</p> <p>Mailing Address P.O. Box 144</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 26394918 Date of Disbursement: 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Van Hollen For Congress</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08</p>	<p>Transaction ID: 26394919 Date of Disbursement: 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Christopher Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05</p>	<p>Transaction ID: 26394920 Date of Disbursement: 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period: 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tom Feeney for Congress Mailing Address 610 S. Boulevard Suite 100 City Tampa State FL Zip Code 33606 Purpose of Disbursement 011 Candidate Name Tom Feeney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 24	Transaction ID: 26394921 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Lucas for Congress Mailing Address Post Office Box 1726 Post Office Box 1726 City Oklahoma City State OK Zip Code 73101 Purpose of Disbursement 011 Candidate Name Frank Lucas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 03	Transaction ID: 26394923 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville State MA Zip Code 02144 Purpose of Disbursement 011 Candidate Name Rep. Michael Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 08	Transaction ID: 26394924 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Judy Biggert for Congress	Transaction ID: 26394928 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 637	
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 26394929 Date of Disbursement 09 / 23 / 2008
	Mailing Address 10 G Street, NE Suite 470	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Ronald Klein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Committee To Elect Artur Davis To Congress	Transaction ID: 26394930 Date of Disbursement 09 / 23 / 2008
	Mailing Address Post Office Box 1845	
	City Birmingham State AL Zip Code 35201	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Rep. Artur Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Barney Frank for Congress	Transaction ID: 26394931 Date of Disbursement 09 / 23 / 2008
	Mailing Address 38 Ivy Street, SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) The Reed Committee	Transaction ID: 26394933 Date of Disbursement 09 / 23 / 2008
	Mailing Address 303 Massachusetts Ave, NE	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Transaction ID: 26394934 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 1500	
	City Chico State CA Zip Code 95927	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Candidate Name Wally Herger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 1207 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394935 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Salazar For Senate</p> <p>Mailing Address 422 C Street, NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Ken Salazar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394936 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address Post Office Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394937 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	0	8													
2000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. 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 011 Category/Type</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394938 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Lincoln Davis For Congress</p> <p>Mailing Address PO Box 350</p> <p>City Jamestown State TN Zip Code 38556</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Lincoln Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394939 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jon Porter for Congress</p> <p>Mailing Address P.O. Box 26087</p> <p>City Las Vegas State NV Zip Code 89126</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Jon Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26394940 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PRYCE Project	Transaction ID: 26394941 Date of Disbursement 09 / 23 / 2008
	Mailing Address 1155 21st Street, NW Suite 330	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name PRYCE Project	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: 26394943 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 848	Amount of Each Disbursement this Period 1000.00
	City Union City State NJ Zip Code 07087	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Robert Menendez	
	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) ▼	
	State: NJ District:	

C.	Full Name (Last, First, Middle Initial) Stabenow for US Senate	Transaction ID: 26394946 Date of Disbursement 09 / 23 / 2008
	Mailing Address PO Box 4945	Amount of Each Disbursement this Period 1000.00
	City East Lansing State MI Zip Code 48826	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Debbie Stabenow	
	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) ▼	
	State: MI District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 08</p>	<p>Transaction ID: 26394947 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. 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 011 Category/ Type</p> <p>Candidate Name Rep. Paul Hodes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NH District: 02</p>	<p>Transaction ID: 26394948 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 1200 Trinity Drive</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Patrick Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 12</p>	<p>Transaction ID: 26394949 Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

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

A.

Full Name (Last, First, Middle Initial)
Friends of John Tanner

Transaction ID: 26394950
Date of Disbursement

Mailing Address 236 Massachusetts Ave, NE
Suite 508

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
John Tanner

Office Sought: House
 Senate
 President
State: TN District: 08

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

31000.00
