

# 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 06 01 2008 through 06 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 07 09 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		24247.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	31203.01									
(c) Total Receipts (from Line 19) .....	62904.99	237735.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94108.00	261983.00								
7. Total Disbursements (from Line 31) .....	55262.00	223137.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38846.00	38846.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18212.16	65177.79
(i) Itemized (use Schedule A) .....	3192.83	27557.87
(ii) Unitemized .....	21404.99	92735.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	41500.00	140000.00
(c) Other Political Committees (such as PACs) .....	62904.99	232735.66
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	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)) .....	62904.99	237735.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62904.99	237735.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	52462.00	214337.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	2800.00	8800.00
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))..	55262.00	223137.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55262.00	223137.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	62904.99	232735.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62904.99	232735.66
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 / 40  
(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)  
HSBC North America PAC

Mailing Address 2700 Sanders Road

City Prospect Heights State IL Zip Code 60070

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 02 / 2008  
**Transaction ID:** 24852961  
 Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
OneAmerica Financial Partners, Inc. PAC

Mailing Address One American Square  
P.O. Box 368

City Indianapolis State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C** C00143164

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 06 / 03 / 2008  
**Transaction ID:** 24853292  
 Amount of Each Receipt this Period: 4000.00

**C.** Full Name (Last, First, Middle Initial)  
Guardian Life PAC

Mailing Address 7 Hanover Square

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00173393

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 06 / 2008  
**Transaction ID:** 24968256  
 Amount of Each Receipt this Period: 5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hartford Advocates Fund

Mailing Address Hartford Plaza

City State Zip Code  
Hartford CT 06115

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: 24969420

FEC ID number of contributing federal political committee. **C** C00168864

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Sun Life Assurance Company of Canada (U.S.) PAC

Mailing Address 201 Townsend Street  
Suite 900

City State Zip Code  
Lansing MI 48933

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2008

Transaction ID: 24998659

FEC ID number of contributing federal political committee. **C** C00419333

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Protective Life Corp. PAC

Mailing Address P. O. Box 2606

City State Zip Code  
Birmingham AL 35202

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2008

Transaction ID: 25007969

FEC ID number of contributing federal political committee. **C** C00161414

Amount of Each Receipt this Period  
5000.00

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 40  
(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)  
Assurant Inc. Political Action Committee  
Mailing Address P.O. Box 3050  
City Milwaukee State WI Zip Code 53201  
FEC ID number of contributing federal political committee. **C** C00185694  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 06 / 13 / 2008  
Transaction ID: 25007971  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc. PAC  
Mailing Address 6620 W. Broad Street  
City Richmond State VA Zip Code 23230  
FEC ID number of contributing federal political committee. **C** C00404194  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 06 / 20 / 2008  
Transaction ID: 25165426  
Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Allstate Insurance PAC  
Mailing Address 2775 Sanders Road Suite A4  
City Northbrook State IL Zip Code 60062  
FEC ID number of contributing federal political committee. **C** C00040253  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: 25291641  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12500.00  
**TOTAL** This Period (last page this line number only) ..... ► 41500.00

# 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 9 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dayton Molendorp	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 6507 Castle Knoll CT.	<b>Transaction ID:</b> 24853290
	City State Zip Code Indianapolis IN 46250-1439	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer OneAmerica Occupation President & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Dennis J. Manning	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 631 Long Ridge Road Unit 22	<b>Transaction ID:</b> 24968254
	City State Zip Code Stamford CT 06902-1258	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Guardian Life Insurance Company of Ame Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. John R. Strangfeld	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 51 Post Lane	<b>Transaction ID:</b> 24981612
	City State Zip Code Bernardsville NJ 07924-1115	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Prudential Insurance Company of Americ Occupation Chairman & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6750.00</b>
<b>TOTAL</b> 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 10 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Eugene Choate	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 4370 Peachtree Road, NE	<b>Transaction ID:</b> 24981613
	City State Zip Code Atlanta GA 30319-3054	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Bankers Fidelity Life Insurance Company Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Dennis R. Glass	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 1000 Green Valley Road	<b>Transaction ID:</b> 25054245
	City State Zip Code Bryn Mawr PA 19010-1912	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Lincoln Insurance Group Occupation: President & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael M. Masterson, CLU	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 445 East North Water Apt. 1405	<b>Transaction ID:</b> 25291349
	City State Zip Code Chicago IL 60611-5535	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Sammons Financial Group Occupation: Chairman of the Board & Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4750.00</b>
<b>TOTAL</b> 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 11 / 40
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Steven C. Palmitier	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 1800 W. Sunflower Circle	<b>Transaction ID:</b> 25291356
	City State Zip Code Sioux Falls SD 57108-2882	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Midland National Life Insurance Compan	Occupation President & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John J. Craig, II	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 101 N. Euclid Ave Unit 25	<b>Transaction ID:</b> 25291357
	City State Zip Code Oak Park IL 60301-1427	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Sammons Financial Group	Occupation President & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Esfandyar Dinshaw	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 3615 131st Street	<b>Transaction ID:</b> 25291358
	City State Zip Code Urbandale IA 50323-1714	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Midland National Life Insurance Compan	Occupation Vice President, Annuities	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> 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 / 40  
(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. Robert Tekolste

Mailing Address 4601 Westown Parkway  
Suite 300

City State Zip Code  
West Des Moines IA 50266-1041

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

Name of Employer Occupation  
Midland National Life Insurance Company Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2008

**Transaction ID:** 25291359

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen P. Horvat, Jr.

Mailing Address One Franklin Square

City State Zip Code  
Springfield IL 62713-0002

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

Name of Employer Occupation  
Midland National Life Insurance Company Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2008

**Transaction ID:** 25291361

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ross L. Sargent

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 Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
554.03

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** PR1120489713961

Amount of Each Receipt this Period  
92.34

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **692.34**

**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 13 / 40  
(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. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1156427113961  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**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 ▼ 549.90

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1503560113961  
 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 ▼ 2031.24

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR1550105913961  
 Amount of Each Receipt this Period 338.54  
 P/R Deduction (\$169.27 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **523.14**

**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 14 / 40  
(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. Joseph A. Sikora

Mailing Address 866 Crestgate Circle

City State Zip Code  
Orlando FL 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 ▼ 240.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR1553146913961  
 Amount of Each Receipt this Period: 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Neill Jr., Jr.

Mailing Address 101 Constitution Ave, NW Suite 700

City State Zip Code  
Washington DC 20001-2140

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

Name of Employer: American Council of Life Insurers  
Occupation: Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR1554864813961  
 Amount of Each Receipt this Period: 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary E. Hughes

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: Executive Vice Pres & General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1686.97

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** PR771358213961  
 Amount of Each Receipt this Period: 281.16  
 P/R Deduction (\$140.58 Semi-Monthly)

**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 15 / 40  
(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. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.72

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771362413961  
 Amount of Each Receipt this Period 97.92  
 P/R Deduction (\$48.96 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Bartholomew

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771362813961  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**C.** 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 ▼ 300.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771365413961  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Semi-Monthly)

**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 16 / 40

(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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Barbara A. Price</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 700 West</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Council of Life Insurers Occupation VP, Legislative &amp; Regulatory Informati</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.01</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> PR771369013961</p> <p>Amount of Each Receipt this Period 52.50</p> <p>P/R Deduction (\$26.25 Semi-Monthly)</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 700 West</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1483.08</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> PR771373213961</p> <p>Amount of Each Receipt this Period 247.18</p> <p>P/R Deduction (\$123.59 Semi-Monthly)</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ms. Shawn Hausman</p> <p>Mailing Address 101 Constitution Avenue, NW Suite 700 West</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 272.28</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID:</b> PR771373513961</p> <p>Amount of Each Receipt this Period 45.38</p> <p>P/R Deduction (\$22.69 Semi-Monthly)</p>

**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 17 / 40  
(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 ▼ 759.96

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR771374013961

Amount of Each Receipt this Period 126.66

P/R Deduction (\$63.33 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 ▼ 360.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR771376013961

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 ▼ 273.00

Date of Receipt 06 / 30 / 2008

**Transaction ID:** PR771376813961

Amount of Each Receipt this Period 45.50

P/R Deduction (\$22.75 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **232.16**

**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 18 / 40

(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 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 Regional Vice President, State Relatio

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: PR771377113961

Amount of Each Receipt this Period  
200.00

P/R Deduction (\$100.00 Se-  
mi-Monthly)

**B.**

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

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 Managing Director, Reinsurance

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 968.76

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

Transaction ID: PR771386413961

Amount of Each Receipt this Period  
161.46

P/R Deduction (\$80.73 Sem-  
i-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Kimberly Dorgan

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 Executive Vice President, Federal Rela

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2499.96

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

Transaction ID: PR771395113961

Amount of Each Receipt this Period  
416.66

P/R Deduction (\$208.33 Se-  
mi-Monthly)

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

778.12

**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 / 40  
(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 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 ▼ 650.00

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771402613961  
Amount of Each Receipt this Period 100.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Morris Goff

Mailing Address 101 Constitution Avenue, NW Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 562.33

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771419313961  
Amount of Each Receipt this Period 93.72  
P/R Deduction (\$46.86 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Frank Keating

Mailing Address 101 Constitution Avenue, NW Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771419713961  
Amount of Each Receipt this Period 416.66  
P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **610.38**

**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: (check only one)	PAGE 20 / 40	
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<b>Transaction ID:</b> PR771419813961
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2499.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brenda Nation	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<b>Transaction ID:</b> PR771419913961
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Debra K. West	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<b>Transaction ID:</b> PR771421013961
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Senior Counsel & Director, Southern Re Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>616.66</b>
<b>TOTAL</b> 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 / 40  
(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. 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 ▼ 370.55

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771422913961

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 ▼ 480.00

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771423213961

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 ▼ 702.49

Date of Receipt 06 / 30 / 2008  
**Transaction ID:** PR771428713961

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 22 / 40  
(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 ▼ 747.35

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771428813961  
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 ▼ 1089.01

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771428913961  
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 ▼ 318.49

Date of Receipt 06 / 30 / 2008  
Transaction ID: PR771444313961  
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 23 / 40  
(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) T. Scott Dixon		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 101 Constitution Avenue NW Suite 700 West		Transaction ID: PR771444913961
City Washington	State Zip Code DC 20001-2133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation Controller	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Mrs. Courtney English		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771449413961
City Washington	State Zip Code DC 20001-2140	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.58
Name of Employer American Council of Life Insurers	Occupation Director, Grassroots	P/R Deduction (\$17.29 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.49	

**C.**

Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR771449613961
City Washington	State Zip Code DC 20001-2133	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life Insurers	Occupation Senior Vice President	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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.58
<b>TOTAL</b> 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 / 40  
(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. 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 American Council of Life Insurers  
Occupation Vice President, Federal Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
855.96

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**Transaction ID:** PR805149113961

Amount of Each Receipt this Period  
142.66

P/R Deduction (\$71.33 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

**Transaction ID:** PR904819513961

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	192.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18212.16

**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) Roskam For Congress Committee	Transaction ID: 24995647 Date of Disbursement																			
	Mailing Address P. O. Box 713	<table border="1"><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>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	8												
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Peter Roskam	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 24996042 Date of Disbursement																			
	Mailing Address 499 South Capitol Street, SW Suite 404	<table border="1"><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>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	8												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Jason Altmire	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Conservative Opportunity Leadership and Enterprise PAC (COLE PAC)	Transaction ID: 24996043 Date of Disbursement																			
	Mailing Address 12176 Chancery Station Circle	<table border="1"><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>6</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	1	/	2	0	0	8												
	City Reston State VA Zip Code 20190	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2164.75</td></tr></table>	2164.75																		
2164.75																					
	Candidate Name	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4164.75</td></tr></table>	4164.75
4164.75		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) MENUS Catering by Occasions</p> <p>Mailing Address 5458 Third Street NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24996178 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 210.25</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Conservative Opportunity Leadership and Enterprise PAC (COLE PAC)</p> <p>Mailing Address 12176 Chancery Station Circle</p> <p>City Reston State VA Zip Code 20190</p> <p>Purpose of Disbursement In-Kind for catering for fundraising event on 5/21/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24996185 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 210.25</p> <p><b>[MEMO ITEM]</b> In-Kind for catering for fundraising event on 5/21-/08</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAK PAC</p> <p>Mailing Address 426 C Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement</p> <p>Candidate Name DAK PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24996201 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

1210.25

**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) Larson for Congress	Transaction ID: 24996202 Date of Disbursement 06 / 11 / 2008
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 1000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement	011 Category/Type
	Candidate Name John Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 24996206 Date of Disbursement 06 / 11 / 2008
	Mailing Address PO Box 85223	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89185	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 24996301 Date of Disbursement 06 / 11 / 2008
	Mailing Address 5327 Holmes Run Parkway	Amount of Each Disbursement this Period 2000.00
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Chuck Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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) Grassley Committee	Transaction ID: 24996303 Date of Disbursement 06 / 11 / 2008
	Mailing Address 5327 Holmes Run Parkway	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Candidate Name Chuck Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B.	Full Name (Last, First, Middle Initial) Van Hollen For Congress	Transaction ID: 24996306 Date of Disbursement 06 / 11 / 2008
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 1000.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 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) Kind For Congress Committee	Transaction ID: 24996340 Date of Disbursement 06 / 11 / 2008
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Candidate Name Rep. Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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) Friends Of Dick Durbin Committee	Transaction ID: 24996368 Date of Disbursement
	Mailing Address 200 East Jefferson Street	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Richard Durbin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pomeroy for Congress	Transaction ID: 24996441 Date of Disbursement
	Mailing Address Post Office Box 75214	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Earl Pomeroy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) South Dakota First PAC	Transaction ID: 24996468 Date of Disbursement
	Mailing Address 122 Maryland Ave, NE	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name South Dakota First PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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) Castle Campaign Fund	Transaction ID: 24996481 Date of Disbursement
	Mailing Address P.O Box 133	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Michael Castle	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: 24996508 Date of Disbursement
	Mailing Address 400 North Capitol Street NW Suite 585	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Bluegrass Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hatch Election Committee	Transaction ID: 24996696 Date of Disbursement
	Mailing Address 257 East 200 South Suite 950	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Salt Lake City State UT Zip Code 84111	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Orrin Hatch	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Check Lost/Not Received</p> <p>Candidate Name Michael Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24998668 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Check Lost/Not Received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Check Lost/Not Received</p> <p>Candidate Name Michael Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24998669 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Check Lost/Not Received</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Crapo for US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Reissue of voided checks 7028 &amp; 7029, Not received by campaign</p> <p>Candidate Name Michael Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24998672 <b>Date of Disbursement</b> 06 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Reissue of voided checks 7028 &amp; 7029, Not received by campaign</p>

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

0.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends for Harry Reid  Mailing Address PO Box 85223  City Las Vegas State NV Zip Code 89185  Purpose of Disbursement Incorrect Election Allocation  Candidate Name Harry Reid  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> 24998770 <b>Date of Disbursement</b> 06 / 11 / 2008  Amount of Each Disbursement this Period -5000.00  Incorrect Election Allocation	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends for Harry Reid  Mailing Address PO Box 85223  City Las Vegas State NV Zip Code 89185  Purpose of Disbursement  Candidate Name Harry Reid  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: NV District:	<b>Transaction ID:</b> 24998772 <b>Date of Disbursement</b> 06 / 11 / 2008  Amount of Each Disbursement this Period 4000.00	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends for Harry Reid  Mailing Address PO Box 85223  City Las Vegas State NV Zip Code 89185  Purpose of Disbursement  Candidate Name Harry Reid  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	<b>Transaction ID:</b> 24998774 <b>Date of Disbursement</b> 06 / 11 / 2008  Amount of Each Disbursement this Period 1000.00	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 40

<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: 25168400 Date of Disbursement
	Mailing Address 38 Ivy Street, SE	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1754.85"/>
	Candidate Name Barney Frank	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 25168403 Date of Disbursement
	Mailing Address 5458 Third Street NE	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind contribution for catering for 6/2/08 event	<input type="text" value="120.15"/>
	Candidate Name Barney Frank	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

In-kind contribution for catering for 6/2/08 event

C.	Full Name (Last, First, Middle Initial) MENUS Catering by Occasions	Transaction ID: 25168406 Date of Disbursement
	Mailing Address 5458 Third Street NE	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind contribution for catering for 6/4/08 meet and greet	<input type="text" value="212.00"/>
	Candidate Name Mr. James Risch	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

In-kind contribution for catering for 6/4/08 meet and greet

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2087.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 10 G Street, NE Suite 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Ronald Klein</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) ▼ State: FL District: 22</p>	<p><b>Transaction ID:</b> 25168407 <b>Date of Disbursement</b> 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel Webster PAC</p> <p>Mailing Address 900 19th Street, NW 8th Floor</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Daniel Webster PAC</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><b>Transaction ID:</b> 25168408 <b>Date of Disbursement</b> 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund</p> <p>Mailing Address Attn: Keri Ann Hayes 209 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rely on Your Beliefs Fund</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><b>Transaction ID:</b> 25168409 <b>Date of Disbursement</b> 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8500.00

**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) Capuano For Congress Committee	Transaction ID: 25168411 Date of Disbursement
	Mailing Address PO Box 440305	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael Capuano	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jon Porter for Congress	Transaction ID: 25168412 Date of Disbursement
	Mailing Address P.O. Box 26087	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Las Vegas State NV Zip Code 89126	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Jon Porter	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel	Transaction ID: 25168534 Date of Disbursement
	Mailing Address Attn: Anne Olaimey P.O. Box 101124	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rahm Emanuel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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) Friends of John Boehner	Transaction ID: 25168537 Date of Disbursement
	Mailing Address 7908-I Cincinnati Dayton Road	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name John Boehner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 25168538 Date of Disbursement
	Mailing Address PO Box 12567	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. James Clyburn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committee	Transaction ID: 25168539 Date of Disbursement
	Mailing Address 98 East Avenue, Rear Building	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Norwalk State CT Zip Code 06851	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Christopher Shays	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) ACLI Services, Inc. <hr/> Mailing Address 101 Constitution Ave, NW 8th Floor <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement In-Kind for Room Rental for Lunch Event <hr/> Candidate Name Robert Bennett <hr/> 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: UT District:	<b>Transaction ID:</b> 25168541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 700.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Bennett Election Committee <hr/> Mailing Address PO Box 77361 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement <hr/> Candidate Name Robert Bennett <hr/> 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: UT District:	<b>Transaction ID:</b> 25168542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 300.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Station <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement <hr/> Candidate Name Charles Rangel <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: 15	<b>Transaction ID:</b> 25168543 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8	Amount of Each Disbursement this Period 1875.00

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

2875.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paul Ryan for Congress</p> <p>Mailing Address 29 West Milwaukee Street Suite 201</p> <p>City Janesville State WI Zip Code 53545</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Paul Ryan</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: WI District: 01</p>	<p><b>Transaction ID:</b> 25168545 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Thompson For Congress</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Michael Thompson</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: 01</p>	<p><b>Transaction ID:</b> 25168546 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address P.O. Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Wally Herger</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: 02</p>	<p><b>Transaction ID:</b> 25168552 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></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)

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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)  
American Council of Life Insurers

Transaction ID: 25291369

Date of Disbursement

Mailing Address 101 Constitution Ave, NW  
Suite 700

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

625.00
--------

Purpose of Disbursement  
In-kind for room rental, staff time, and use of corporate resources for event

011
Category/ Type

Candidate Name  
Stephanie Jones

Office Sought:  House  
 Senate  
 President  
State: OH District: 11

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

In-kind for room rental, staff time, and use of corporate resources for event

SUBTOTAL of Disbursements This Page (optional) ..... ►

625.00
--------

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

52462.00
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**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 40 / 40

<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)  
Kasper for House Committee

Mailing Address 1128 Westrac Drive

City Fargo State ND Zip Code 58103

Purpose of Disbursement  
Jim Kasper, STATE HOUSE 46 ND

Candidate Name  
ND Rep. Jim Kasper

Office Sought:  House  
 Senate  
 President

State: ND District: 46

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 25012530  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

400.00

Jim Kasper, STATE HOUSE  
46 ND

B.

Full Name (Last, First, Middle Initial)  
Klein for Senate Committee

Mailing Address P.O. Box 265

City Fessenden State ND Zip Code 58438

Purpose of Disbursement  
Jerry Klein, STATE SENATE 14th ND

Candidate Name  
Senator Jerry Klein

Office Sought:  House  
 Senate  
 President

State: ND District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 25012544  
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

400.00

Jerry Klein, STATE SENATE  
14th ND

SUBTOTAL of Disbursements This Page (optional) ..... ►

800.00

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

800.00