

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
Minnesota Life Insurance Company PAC

ADDRESS (number and street) 400 Robert Street North
 Check if different than previously reported. (ACC)
St Paul MN 55101

2. **FEC IDENTIFICATION NUMBER** C00120006
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 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Allen Peterson

Signature of Treasurer Electronically Filed by Allen Peterson Date 01 14 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 **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
Minnesota Life Insurance Company PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		7660.44
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	12190.44									
(c) Total Receipts (from Line 19)	9170.00	13700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21360.44	21360.44								
7. Total Disbursements (from Line 31)	10000.00	10000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11360.44	11360.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3990.00	6750.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	180.00	1950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4170.00	8700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4170.00	8700.00
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	5000.00	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))	9170.00	13700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9170.00	13700.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

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)	4170.00	8700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4170.00	8700.00
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: (check only one)	PAGE 6 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Barbara Baumann	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5527
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
Name of Employer Minnesota Life Insurance Co	Occupation Second Vice President	
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) George Connolly	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5529
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$50.00
Name of Employer Minnesota Life Insurance Co	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Jenean Cordon	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5530
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
Name of Employer Minnesota Life Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	660.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Guy deLambert	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5531
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Occupation Minnesota Life Insurance Company Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) Jean Delaney Nelson	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5532
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Occupation Minnesota Life Insurance Co Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Sue Ebertz	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5533
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Occupation Minnesota Life Insurance Co Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	720.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Craig Frisvold	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5534
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Occupation Minnesota Life Insurance Co Vice President	
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) Mark Green	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5535
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Occupation Minnesota Life Insurance Company Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Thomas Gustafson	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5556
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Occupation Minnesota Life Insurance Company Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Greg Hammerly	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5536
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer: Minnesota Life Insurance Company Occupation: Director 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) Paul Hirschboeck	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5537
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer: Minnesota Life Insurance Company Occupation: Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Gary Kleist	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5538
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer: Minnesota Life Insurance Company Occupation: Second Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	480.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Dave LePlavy	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5539
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Minnesota Life Insurance Company Occupation Second Vice President & Controller 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) Catherine McCarty	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5541
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Minnesota Life Insurance Company Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Lynne Mills	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5542
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
	Name of Employer Minnesota Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Robert Olafson	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5543
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$50.00
	Name of Employer Occupation Minnesota Life Insurance Co Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Kathy Pinkett	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5544
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Occupation Minnesota Life Insurance Company Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Paul Rudeen	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5545
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$20.00
	Name of Employer Occupation Minnesota Life Insurance Company Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 14
	<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)
Minnesota Life Insurance Company PAC

A.	Full Name (Last, First, Middle Initial) Bruce Shay	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5546
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
Name of Employer Minnesota Life Insurance Co	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B.	Full Name (Last, First, Middle Initial) Mary Anne Smith	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5547
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$25.00
Name of Employer Minnesota Life Insurance Co	Occupation Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Nancy Winter	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 400 Robert Street North	Transaction ID: SA11AI.5548
	City State Zip Code St Paul MN 55101	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	monthly payroll deduction \$40.00
Name of Employer Minnesota Life Insurance Company	Occupation Second Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	630.00
TOTAL This Period (last page this line number only)	3990.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
Ramstad Volunteer Committee, Jim

Mailing Address 1809 Plymouth Road S., Suite 310

City State Zip Code
Minnetonka MN 55305

FEC ID number of contributing federal political committee. **C** C00244129

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA16.5555

Amount of Each Receipt this Period
5000.00

Refund

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)
PAULSEN, ERIK

Mailing Address PO BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Year to date aggregate \$5,000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: MN District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5554

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Ramstad Volunteer Committee, Jim

Mailing Address 1809 Plymouth Road S., Suite 310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
Year to date aggregate \$5,000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: MN District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5550

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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