

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 02 01 2007 through 02 28 2007

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

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 03 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	44970.55									
(c) Total Receipts (from Line 19)	9852.84	19735.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54823.39	54823.39								
7. Total Disbursements (from Line 31)	5000.00	5000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49823.39	49823.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

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	3023.76	4941.89
(i) Itemized (use Schedule A)	1829.08	4793.45
(ii) Unitemized	4852.84	9735.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	10000.00
(c) Other Political Committees (such as PACs)	9852.84	19735.34
(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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9852.84	19735.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9852.84	19735.34

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.....	0.00	0.00
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.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5000.00	5000.00

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)	9852.84	19735.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9852.84	19735.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 12	
	(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"/> 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)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
AXA Equitable PAC

Mailing Address c/o AXA Equitable Life Assurance S
1290 Avenue of the Americas

City State Zip Code
New York NY 10104

FEC ID number of contributing federal political committee. **C** C00161901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 18867924

Amount of Each Receipt this Period
5000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<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

Full Name (Last, First, Middle Initial) A. Ms. Ann B. B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1333392910063
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 255.20
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$127.60 Se- mi-Monthly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, Tax and Retirement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.41	

Full Name (Last, First, Middle Initial) B. Mr. Gary E. E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771358210063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 270.34
City Washington State DC Zip Code 20001-2133		P/R Deduction (\$135.17 Se- mi-Monthly)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.67	

Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373210063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 233.22
City Washington State DC Zip Code 20001-2133		P/R Deduction (\$116.61 Se- mi-Monthly)
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, State Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.45	

SUBTOTAL of Receipts This Page (optional) ▶	758.76
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<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. David M. M. Leifer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771374010063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 108.34
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$54.17 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		
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 ▼ 216.68	

B. Full Name (Last, First, Middle Initial) Mr. John W. W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771377110063
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$100.00 Semi-Monthly)	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Mr. Donald G. G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771386410063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 153.12
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$76.56 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers	Occupation Managing Director, Reinsurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 306.25	

SUBTOTAL of Receipts This Page (optional) ▶	461.46
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<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

Full Name (Last, First, Middle Initial) A. Ms. Kimberly O. Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395110063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 326.04
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$163.02 Se-mi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President, Federal Rela Aggregate Year-to-Date ▼ 652.08	

Full Name (Last, First, Middle Initial) B. Frank A. Keating		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419710063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se-mi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) C. Mr. Michael J. J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419810063
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Se-mi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President & COO Aggregate Year-to-Date ▼ 833.32	

SUBTOTAL of Receipts This Page (optional) ▶	1159.36
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 12						
	(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

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

Full Name (Last, First, Middle Initial) A. Mr. Daniel J. J. Mahoney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420910063	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 113.76	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Communications Aggregate Year-to-Date ▼ 227.51		
		P/R Deduction (\$56.88 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. John P. P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428710063	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 105.00	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Legislative Director Aggregate Year-to-Date ▼ 210.00		
		P/R Deduction (\$52.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Juan C. Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428810063	
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 117.50	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Federal Relatio Aggregate Year-to-Date ▼ 235.00		
		P/R Deduction (\$58.75 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	336.26
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

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

A. Full Name (Last, First, Middle Initial)
David C. C. Turner

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 Sr. Vice President and Corp Sec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
342.51

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

Transaction ID: PR771428910063

Amount of Each Receipt this Period
171.26

P/R Deduction (\$85.63 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Maurice A. 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 ▼
273.33

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

Transaction ID: PR805149110063

Amount of Each Receipt this Period
136.66

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

SUBTOTAL of Receipts This Page (optional)	307.92
TOTAL This Period (last page this line number only)	3023.76

**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 12 / 12

<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

Full Name (Last, First, Middle Initial) A. North Dakota Republican Party		Transaction ID: 19051915 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 1917		Amount of Each Disbursement this Period 5000.00	
City Bismarck	State ND	Zip Code 58503	011 Category/ Type
Purpose of Disbursement		Candidate Name	
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:		

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