

# 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 04 01 2007 through 04 30 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 05 11 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**

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">35088.05</td></tr></table>	35088.05
Y	Y	Y	Y									
2	0	0	7									
35088.05												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">11480.07</td></tr></table>	11480.07										
11480.07												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">58583.72</td></tr></table>	58583.72	<table border="1" style="width: 100%;"><tr><td align="right">101475.74</td></tr></table>	101475.74								
58583.72												
101475.74												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">70063.79</td></tr></table>	70063.79	<table border="1" style="width: 100%;"><tr><td align="right">136563.79</td></tr></table>	136563.79								
70063.79												
136563.79												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">20675.00</td></tr></table>	20675.00	<table border="1" style="width: 100%;"><tr><td align="right">87175.00</td></tr></table>	87175.00								
20675.00												
87175.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">49388.79</td></tr></table>	49388.79	<table border="1" style="width: 100%;"><tr><td align="right">49388.79</td></tr></table>	49388.79								
49388.79												
49388.79												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	4

D	D
3	0

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	13441.78	24496.07
(i) Itemized (use Schedule A) .....	10141.94	21979.67
(ii) Unitemized .....	23583.72	46475.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	35000.00	55000.00
(c) Other Political Committees (such as PACs) .....	58583.72	101475.74
(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)) .....	58583.72	101475.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58583.72	101475.74

**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.....	20675.00	81675.00
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	5500.00
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))..	20675.00	87175.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20675.00	87175.00

**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) .....	58583.72	101475.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58583.72	101475.74
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: (check only one)	PAGE 6 / 25
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Shields</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700 West		<b>Transaction ID: 19651773</b>
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurance	Occupation Vice President, Publishing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Bruce W. Boyea</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 100 Court Street		<b>Transaction ID: 19705733</b>
City State Zip Code Binghamton NY 13901-3479	Amount of Each Receipt this Period 1050.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Security Mutual Life Insurance Company	Occupation Chr of the Bd, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas E. Henning, CLU</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 200 Centennial Mall North		<b>Transaction ID: 19738065</b>
City State Zip Code Lincoln NE 68508-1618	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Assurity Security Group, INC	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> 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 7 / 25
	<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) <b>A. Mr. Eugene Choate</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 4370 Peachtree Road, NE		<b>Transaction ID: 19806479</b>	
City State Zip Code Atlanta GA 30319-3054		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Bankers Fidelity Life Insurance Compan		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael M. Masterson, CLU</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address One Midland Plaza		<b>Transaction ID: 19848665</b>	
City State Zip Code Sioux Falls SD 57193-0001		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midland National Life Insurance Compan		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Esfandiyar Dinshaw</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 3615 131st Street		<b>Transaction ID: 19848667</b>	
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) ..... ▶	3350.00
<b>TOTAL</b> 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 / 25
	<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) <b>A.</b> Mr. Robert Tekolste		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 4601 Westown Parkway Suite 300		<b>Transaction ID:</b> 19848672
City State Zip Code West Des Moines IA 50266-1041	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Midland National Life Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Garth A. Garlock		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 742 Garrett Dr.		<b>Transaction ID:</b> 19848674
City State Zip Code Columbus OH 43214-2914	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North American Company for Life & Heal	Occupation Senior Vice President & Chief Marketin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gary J. Gaspar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 222 S. Riverside Plaza		<b>Transaction ID:</b> 19848675
City State Zip Code Chicago IL 60606-5808	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer North American Company for Life & Heal	Occupation Senior VP & CIO	
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) ..... ▶	900.00
<b>TOTAL</b> 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 / 25
	<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) <b>A.</b> Mr. Stephen P. Horvat, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address One Franklin Square		<b>Transaction ID:</b> 19848678
City State Zip Code Springfield IL 62713-0002	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Midland National Life Insurance Company	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Steven C. Palmitier		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 1800 W. Sunflower Circle		<b>Transaction ID:</b> 19848696
City State Zip Code Sioux Falls SD 57108-2882	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 Company	Occupation President & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. William R. Schmeeckle		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address P. O. Box 82248		<b>Transaction ID:</b> 19858094
City State Zip Code Lincoln NE 68501-2248	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Security Mutual Life Insurance Company	Occupation Second Vice President-Mortgage Investment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> 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 10 / 25
	<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) <b>A.</b> Mr Thomas M Marra		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address 7 Cobtail Way		<b>Transaction ID:</b> 19872163
City State Zip Code Simsbury CT 06070-2530	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Hartford Life, Inc. President & Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Thomas M Meyer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 3704 S Bertina Circle		<b>Transaction ID:</b> 19959425
City State Zip Code Sioux Falls SD 57103-7225	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Sammons Financial Group Senior Vice President & CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joseph E. Paul		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 4310 9th Street WEst		<b>Transaction ID:</b> 19959428
City State Zip Code West Fargo ND 58078-8244	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation Midland National Life Insurance Compan Vice President, Corp Markets Operation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> 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 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Johnson, FLMI, CLU

Mailing Address 926 W. Oakhampton Drive

City State Zip Code  
Eagle ID 83616-6744

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

Name of Employer  
United Heritage Mutual Life Insurance

Occupation  
President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2007

**Transaction ID:** 19968141

Amount of Each Receipt this Period  
250.00

**B.** 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  
American Council of Life Insurers

Occupation  
Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
354.65

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

**Transaction ID:** PR1120489710523

Amount of Each Receipt this Period  
88.66

P/R Deduction (\$44.33 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald L. Walker

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  
CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

**Transaction ID:** PR1156427110523

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	438.66
<b>TOTAL</b> 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 12 / 25
	<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) <b>A.</b> Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1333392910523	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 255.20	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
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, Tax and Retirement Aggregate Year-to-Date ▼ 1020.81		
		P/R Deduction (\$127.60 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Gary E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771358210523	
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	FEC ID number of contributing federal political committee. <b>C</b>		
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 Pres & General Counsel Aggregate Year-to-Date ▼ 1081.35		
		P/R Deduction (\$135.17 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Linda H. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771362410523	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
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, Conference Development Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	625.54
<b>TOTAL</b> 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 13 / 25
	<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) <b>A.</b> Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373210523
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	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$116.61 Semi-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 Senior Vice President, State Relations Aggregate Year-to-Date ▼ 932.89	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. David M. Leifer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771374010523
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	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$54.17 Semi-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 Senior Counsel Aggregate Year-to-Date ▼ 433.36	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771376010523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington      State DC      Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Semi-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 Vice President, Research Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	401.56
<b>TOTAL</b> 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 14 / 25
	<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) <b>A.</b> Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771377110523	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771386410523	
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	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director, Reinsurance Aggregate Year-to-Date ▼ 612.49		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395110523	
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. <b>C</b>		
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 ▼ 1304.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	679.16
<b>TOTAL</b> 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 15 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

<b>A.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR771402610523 Amount of Each Receipt this Period 100.00
Name of Employer Baltimore Life Insurance Company Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR771419310523 Amount of Each Receipt this Period 79.98
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.92	P/R Deduction (\$39.99 Semi-Monthly)

<b>C.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR771419710523 Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	P/R Deduction (\$208.33 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>596.64</b>
<b>TOTAL</b> 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 16 / 25
	<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 M M / D D / Y Y Y Y Y Transaction ID: PR771419810523	
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. <b>C</b>		
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 ▼ 1666.64		
		P/R Deduction (\$208.33 Semi-Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Brenda Nation		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419910523	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00	
City Washington      State DC      Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
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 Counsel Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420910523	
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. <b>C</b>		
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 ▼ 455.03		
		P/R Deduction (\$56.88 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	630.42
<b>TOTAL</b> 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 17 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Debra K. West		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771421010523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel & Director, Southern Re Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771422910523
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 59.38
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$29.69 Semi-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 PAC Director Aggregate Year-to-Date ▼ 224.39	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771423210523
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Semi-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 Associate General Counsel, Litigation Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	239.38
<b>TOTAL</b> 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 18 / 25
	<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. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428710523
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. <b>C</b>	P/R Deduction (\$52.50 Semi-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 Senior Legislative Director Aggregate Year-to-Date ▼ 420.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428810523
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. <b>C</b>	P/R Deduction (\$58.75 Semi-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 Senior Vice President, Federal Relatio Aggregate Year-to-Date ▼ 470.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428910523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 171.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$85.63 Semi-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 Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 685.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	393.76
<b>TOTAL</b> 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:		PAGE 19 / 25	
	(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. 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 ▼  
546.65

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

**Transaction ID: PR805149110523**

Amount of Each Receipt this Period  
136.66

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	136.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13441.78

**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 20 / 25
	<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)  
Allstate Insurance PAC

Mailing Address 2775 Sanders Road  
Suite A4

City State Zip Code  
Northbrook IL 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  
M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 7

**Transaction ID:** 19705678

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
CC Services INC Country PAC

Mailing Address P.O. Box 2020

City State Zip Code  
Bloomington IL 67102

FEC ID number of contributing federal political committee. **C** C00390971

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 4 / 1 6 / 2 0 0 7

**Transaction ID:** 19806244

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

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 4 / 1 6 / 2 0 0 7

**Transaction ID:** 19806634

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> 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: PAGE 21 / 25  
(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)  
Massachusetts Mutual Life Ins. Co PAC

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 7

**Transaction ID:** 19808202

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
American Fidelity Corporation PAC

Mailing Address P.O. Box 25523

City State Zip Code  
Oklahoma City OK 73125

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

**Transaction ID:** 19858098

Amount of Each Receipt this Period  
5000.00

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

Mailing Address Hartford Plaza

City State Zip Code  
Hartford CT 06115

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

**Transaction ID:** 19872167

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 25
	(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

Full Name (Last, First, Middle Initial)  
**A.** AEGON USA Inc. Political Action Committee

Mailing Address 1111 North Charles Street

City State Zip Code  
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C** C00236414

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	4	/	2	7	/	2	0	0	7

Transaction ID: 19960881

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	35000.00

**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)

PAGE 23 / 25

<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

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		Transaction ID: 19862472 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. DSCC</b>		Transaction ID: 19862474 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. ACLI Services, Inc.</b>		Transaction ID: 19862483 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW 8th Floor		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20001	011 Category/ Type	
Purpose of Disbursement In-Kind Payment for Room Rental		
Candidate Name Barney Frank		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5250.00
<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

Full Name (Last, First, Middle Initial) <b>A. American Council of Life Insurers</b>		<b>Transaction ID:</b> 19862489 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Disbursement this Period 425.00
City Washington State DC Zip Code 20001	In-Kind Payment for Fundraising Event Services	
Purpose of Disbursement In-Kind Payment for Fundraising Event Se		011 Category/Type
Candidate Name Barney Frank		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: MA District: 4

Full Name (Last, First, Middle Initial) <b>B. Glacier PAC</b>		<b>Transaction ID:</b> 19862478 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 818 Connecticut Ave, NW Suite 1100		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	In-Kind Payment for Fundraising Event Services	
Purpose of Disbursement		011 Category/Type
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:

Full Name (Last, First, Middle Initial) <b>C. Growth and Prosperity PAC</b>		<b>Transaction ID:</b> 19862480 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 217 Third Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	In-Kind Payment for Fundraising Event Services	
Purpose of Disbursement		011 Category/Type
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:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10425.00
<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)

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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

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		Transaction ID: 19862476 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. NRSC</b>		Transaction ID: 19862477 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
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) ▼	

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

5000.00

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

20675.00