

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 11 28 2006 through 12 31 2006

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 01 25 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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		57647.24
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	41986.25									
(c) Total Receipts (from Line 19)	7601.80	336427.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49588.05	394074.79								
7. Total Disbursements (from Line 31)	14500.00	358986.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35088.05	35088.05								
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
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	7155.98	119347.05
(i) Itemized (use Schedule A)	445.82	36530.50
(ii) Unitemized	7601.80	155877.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	180550.00
(c) Other Political Committees (such as PACs)	7601.80	336427.55
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	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))	7601.80	336427.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7601.80	336427.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	14500.00	343176.48
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	211.92
(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	211.92
29. Other Disbursements.....	0.00	15598.34
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))..	14500.00	358986.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14500.00	358986.74

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	7601.80	336427.55
34. Total Contribution Refunds (from Line 28(d))	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7601.80	336215.63
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) A. Mr. Kenneth R. Ehinger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address One National Life Drive		Transaction ID: 18231046	
City State Zip Code Montpelier VT 05604-1000		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR112048979339	
City State Zip Code Washington DC 20001-2133		Amount of Each Receipt this Period 128.01	
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 ▼ 1000.54	
		P/R Deduction (\$42.67 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR115642719339	
City State Zip Code Washington DC 20001-2133		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers		Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00	
		P/R Deduction (\$50.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	528.01
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 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

A. Full Name (Last, First, Middle Initial) Mr. John J Patterson Mailing Address 10075 Red Run Blvd City Owings Mills State MD Zip Code 21117-4865 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR123172759339 Amount of Each Receipt this Period 37.50 P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company Occupation Senior Vice President, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133339299339 Amount of Each Receipt this Period 351.57 P/R Deduction (\$117.19 Se-mi-Monthly)
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 ▼ 1054.71

C. Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77135829339 Amount of Each Receipt this Period 390.00 P/R Deduction (\$130.00 Se-mi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Vice Pres & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3120.00

SUBTOTAL of Receipts This Page (optional)	779.07
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 / 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) A. Mr. Carl B. Wilkerson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77135839339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 25.50	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		P/R Deduction (\$8.50 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 Chief Counsel, Securities & Litigation Aggregate Year-to-Date ▼ 204.00		

Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136249339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		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 Vice President, Conference Development Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. Ms. Roberta B. Meyer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136279339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 30.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 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 Assoc. General Counsel Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	205.50
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 / 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) A. Mr. John F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID: PR77136549339
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00	

Full Name (Last, First, Middle Initial) B. Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77136909339
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation VP, Legislative & Regulatory Informati	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	

Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77137329339
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 336.42	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$112.14 Semi-Monthly)
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 ▼ _____ 2691.35	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 456.42
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 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137609339
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 90.00
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 Vice President, Research Aggregate Year-to-Date ▼ 720.00	P/R Deduction (\$30.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137689339
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 61.50
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 Regional Vice President Aggregate Year-to-Date ▼ 492.00	P/R Deduction (\$20.50 Semi-Monthly)

C. Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137719339
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 300.00
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 Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 2400.00	P/R Deduction (\$100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	451.50
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 12 / 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) Ms. Linda L. Lanam		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137739339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 75.00	
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 Vice President, Annuities Aggregate Year-to-Date ▼ 600.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77138649339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 217.20	
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 Managing Director, Reinsurance Aggregate Year-to-Date ▼ 1737.59		
		P/R Deduction (\$72.40 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77139519339	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 470.31	
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 Executive Vice President, Federal Rela Aggregate Year-to-Date ▼ 3762.48		
		P/R Deduction (\$156.77 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	762.51
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 13 / 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. John Pearson Mailing Address 10075 Red Run Boulevard City Owings Mills State MD Zip Code 21117-4865 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77140269339 Amount of Each Receipt this Period 150.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer: Baltimore Life Insurance Company Occupation: President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Ms. Olivia Gillis Mailing Address 101 Constitution Ave, NW Suite 700 City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77140819339 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer: American Council of Life Insurers Occupation: Senior Editor 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) Mr. Mark Canter Mailing Address 101 Constitution Avenue, NW Suite 700 West City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141009339 Amount of Each Receipt this Period 57.87 P/R Deduction (\$19.29 Semi-Monthly)
Name of Employer: American Council of Life Insurers Occupation: Senior Counsel, Federal Taxes Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 462.97		

SUBTOTAL of Receipts This Page (optional)	237.87
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 15 / 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	

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) A. Mr. Michael J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77141989339	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 624.99		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4999.92		P/R Deduction (\$208.33 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) B. Brenda Nation		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77141999339	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 150.00		
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 ▼ _____ 1200.00		P/R Deduction (\$50.00 Sem- i-Monthly)

Full Name (Last, First, Middle Initial) C. Ms. Nancy Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77142009339	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 45.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Executive Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 360.00		P/R Deduction (\$15.00 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 819.99
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 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"/> 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. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142299339
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 46.89
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation PAC Director	Aggregate Year-to-Date 359.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142329339
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Associate General Counsel, Litigation	Aggregate Year-to-Date 760.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Nina Aponte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142539339
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 30.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Staff Accountant	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	196.89
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 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

Full Name (Last, First, Middle Initial) A. Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142879339
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	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 Legislative Director Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142889339
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 168.75
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$56.25 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 ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142899339
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 243.75
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$81.25 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 ▼ 1906.65	

SUBTOTAL of Receipts This Page (optional) ▶	562.50
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 21 / 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) A. Ms. Julie A. Spiezio		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR77144969339
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 75.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

Full Name (Last, First, Middle Initial) B. Mr. John K. Bruins		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR77145019339
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 36.75	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$12.25 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Actuary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 294.00	

Full Name (Last, First, Middle Initial) C. Mr. Raymond J. Hazel		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7 Daydilly Court		Transaction ID: PR79688799339
City State Zip Code Wilmington DE 19808-1951	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 171.75
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 22 / 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) A. Mrs Monica M Hainer		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 130 Wentworth Drive		Transaction ID: PR79811449339	
City State Zip Code Lansdale PA 19446-1671	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer London Life Reinsurance Company	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 540.00		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Maurice Perkins		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR80514919339	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 197.01		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1576.07		P/R Deduction (\$65.67 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Mr. Wayne Mehlman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: PR90481959339	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 332.01
TOTAL This Period (last page this line number only) ▶	_____ 7155.98

**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) A. Friends of Max Baucus		Transaction ID: 18055558 Date of Disbursement 12 / 15 / 2006
Mailing Address 818 Connecticut Ave, NW Suite 1100		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Max Baucus		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 18055587 Date of Disbursement 12 / 15 / 2006	
Mailing Address 818 Connecticut Ave, NW Suite 1100		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20006			
Purpose of Disbursement			011 Category/ Type
Candidate Name Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Chris Dodd		Transaction ID: 18055417 Date of Disbursement 12 / 15 / 2006	
Mailing Address 227 Massachusetts Ave, NE Suite 101		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20002			
Purpose of Disbursement			011 Category/ Type
Candidate Name Christopher Dodd			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 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) A. National Leadership PAC		Transaction ID: 18055599 Date of Disbursement 12 / 15 / 2006
Mailing Address P.O. Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10027		
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. The Reed Committee		Transaction ID: 18055851 Date of Disbursement 12 / 15 / 2006
Mailing Address 236 Massachusetts Ave, NE Suite 608		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 1		

Full Name (Last, First, Middle Initial) C. Salazar For Senate		Transaction ID: 18055814 Date of Disbursement 12 / 15 / 2006
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 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) A. South Dakota First PAC		Transaction ID: 18225037 Date of Disbursement 12 / 27 / 2006	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement	011 Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	14500.00