

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 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 11 09 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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	17571.68									
(c) Total Receipts (from Line 19)	31185.53	287145.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48757.21	322233.42								
7. Total Disbursements (from Line 31)	26000.00	299476.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22757.21	22757.21								
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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12992.44	82501.31
(i) Itemized (use Schedule A)	1193.09	36144.06
(ii) Unitemized	14185.53	118645.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	17000.00	168500.00
(c) Other Political Committees (such as PACs)	31185.53	287145.37
(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))	31185.53	287145.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31185.53	287145.37

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.....	26000.00	292026.21
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	7450.00
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))..	26000.00	299476.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26000.00	299476.21

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)	31185.53	287145.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31185.53	287145.37
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 / 34
	<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. Dayton Molendorp		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7	
Mailing Address 6507 Castle Knoll CT.		Transaction ID: 21752978	
City State Zip Code Indianapolis IN 46250-1439	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OneAmerica	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. J. Barry Griswell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 711 High Street S-006-S55		Transaction ID: 21780178	
City State Zip Code Des Moines IA 50392-0001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Principal Financial Group, The	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Ms. Dona Davis Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 7	
Mailing Address One American Row		Transaction ID: 21808232	
City State Zip Code Hartford CT 06102	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Phoenix Companies	Occupation Chairman, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	5250.00
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: (check only one)	PAGE 7 / 34
	<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. George A. Foster, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 3175 McCarroll		Transaction ID: 21901917
City State Zip Code Baton Rouge LA 70809-1514	Amount of Each Receipt this Period 650.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Guaranty Income Life Insurance Company	Occupation Chr of the Bd & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Mr. John H. Lancaster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 929 Government Street		Transaction ID: 21901919
City State Zip Code Baton Rouge LA 70802-6034	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Guaranty Income Life Insurance Company	Occupation 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) C. Mr. John F. Barrett		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 7
Mailing Address 9300 Shawnee Run Road		Transaction ID: 21922749
City State Zip Code Cincinnati OH 45243-2826	Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Western-Southern Financial Group	Occupation Chairman of the Board, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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: (check only one)	PAGE 8 / 34
	<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. Eugene Choate		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 4370 Peachtree Road, NE		Transaction ID: 21952117	
City State Zip Code Atlanta GA 30319-3054	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bankers Fidelity Life Insurance Company	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Mr. Jeffrey D Rouch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7	
Mailing Address 5125 Moreland Lane		Transaction ID: 21952119	
City State Zip Code Lothian MD 20711-9635	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Nationwide Life Insurance Company	Occupation Vice President, Government Relations		
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) C. 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: PR1120489711980	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 88.66		
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 ▼ 886.61	P/R Deduction (\$44.33 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)	838.66
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 / 34		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1156427111980	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00	
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 CFO Aggregate Year-to-Date ▼ 1000.00 P/R Deduction (\$50.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) B. Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1333392911980	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 127.60	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Tax and Retirement Aggregate Year-to-Date ▼ 2424.41 P/R Deduction (\$127.60 Semi-Monthly)		

Full Name (Last, First, Middle Initial) C. Jean-Francois Poulin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1415829611980	
Mailing Address 527 Bookbinder Way		Amount of Each Receipt this Period 40.00	
City Lansdale State PA Zip Code 19446-4056	FEC ID number of contributing federal political committee. C		
Name of Employer London Life Reinsurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 320.00 P/R Deduction (\$20.00 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional) ▶	267.60
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 10 / 34
	<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. Peter L. Tedone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR150356011980	
Mailing Address 32 Lincoln		Amount of Each Receipt this Period 84.60	
City Weatogue	State CT	Zip Code 06089-9780	P/R Deduction (\$42.30 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 253.80	
Name of Employer VantisLife Insurance Company	Occupation President & Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Gary E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771358211980	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 270.34	
City Washington	State DC	Zip Code 20001-2133	P/R Deduction (\$135.17 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2703.39	
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) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Linda H. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771362411980	
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	P/R Deduction (\$50.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	454.94
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 / 34
	<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 F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771365411980
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 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, Media Relations Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771369011980
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 50.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.13 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 VP, Legislative & Regulatory Informati Aggregate Year-to-Date ▼ 476.95	

C. Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373211980
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. C	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 ▼ 2332.21	

SUBTOTAL of Receipts This Page (optional) ▶	323.48
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 13 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771376011980
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. C	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 ▼ 600.00	

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: PR771376811980
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 42.84
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$21.42 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 Regional Vice President Aggregate Year-to-Date ▼ 428.39	

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: PR771377111980
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. C	P/R Deduction (\$100.00 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 Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	302.84
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 14 / 34
	<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. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771386411980
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. C	P/R Deduction (\$76.56 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 Managing Director, Reinsurance Aggregate Year-to-Date ▼ 1531.21	

Full Name (Last, First, Middle Initial) B. Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395111980
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 326.04
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$163.02 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 Executive Vice President, Federal Rel Aggregate Year-to-Date ▼ 3260.40	

Full Name (Last, First, Middle Initial) C. Mr. John Pearson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771402611980
Mailing Address 10075 Red Run Boulevard		Amount of Each Receipt this Period 100.00
City Owings Mills State MD Zip Code 21117-4865	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Weekly)
Name of Employer Baltimore Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) ▶	579.16
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 16 / 34
	<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. Michael J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419811980
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	P/R Deduction (\$208.33 Semi-Monthly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 4166.60	
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	

Full Name (Last, First, Middle Initial) B. Brenda Nation		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419911980
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	P/R Deduction (\$50.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1000.00	
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	

Full Name (Last, First, Middle Initial) C. Ms. Nancy Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420011980
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	P/R Deduction (\$15.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00	
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 Assistant	

SUBTOTAL of Receipts This Page (optional) ▶	546.66
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 18 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: PR771423211980	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Associate General Counsel, Litigation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00		
		P/R Deduction (\$40.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771428711980	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 110.42		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Senior Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1071.68		
		P/R Deduction (\$55.21 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID: PR771428811980	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 117.50		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, Federal Relatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1175.00		
		P/R Deduction (\$58.75 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 307.92
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 / 34	
	(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. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: PR904819511980

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	12992.44

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 23 / 34
	<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) OneAmerica Financial Partners, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address One American Square P.O. Box 368		Transaction ID: 21752980
City Indianapolis State IN Zip Code 46206	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C C00143164		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

B. Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 601 6th Avenue		Transaction ID: 21780295
City Des Moines State IA Zip Code 50334	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00367524		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) UnumProvident PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7
Mailing Address 2211 Congress Street		Transaction ID: 21901910
City Portland State ME Zip Code 04122	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00155770		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
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 24 / 34						
	(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

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

Full Name (Last, First, Middle Initial) A. American National PAC		Date of Receipt																				
Mailing Address One Moody Plaza		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	9		2	0	0	7													
City	State	Zip Code																				
Galveston	TX	77550																				
FEC ID number of contributing federal political committee.		Transaction ID: 22074093																				
C C00135525		Amount of Each Receipt this Period																				
Name of Employer		5000.00																				
Occupation																						
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General		5000.00																				
<input type="checkbox"/> Other (specify) ▼																						

Full Name (Last, First, Middle Initial) B. Modern Woodmen of America PAC		Date of Receipt																				
Mailing Address 1701 First Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	9		2	0	0	7													
City	State	Zip Code																				
Rock Island	IL	61201																				
FEC ID number of contributing federal political committee.		Transaction ID: 22074094																				
C C00184382		Amount of Each Receipt this Period																				
Name of Employer		1000.00																				
Occupation																						
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00																				
<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	17000.00

**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 25 / 34

<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. 21st Century PAC		Transaction ID: 21919011 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 2052 Lake Audubon Court		Amount of Each Disbursement this Period 1000.00
City Reston State VA Zip Code 20191	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. Baker for Congress Committee		Transaction ID: 21920633 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address Post Office Box 1694		Amount of Each Disbursement this Period 1000.00
City Baton Rouge State LA Zip Code 70821	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Richard Baker		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bennett Election Committee		Transaction ID: 21919391 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address PO Box 77361		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Robert Bennett		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

<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. Judy Biggert for Congress		Transaction ID: 21922356 Date of Disbursement 10 / 24 / 2007	
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00	
City Hinsdale State IL Zip Code 60522	Purpose of Disbursement 011 Category/ Type	Candidate Name Judy Biggert	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dave Camp for Congress		Transaction ID: 21922392 Date of Disbursement 10 / 24 / 2007	
Mailing Address P.O. Box 423		Amount of Each Disbursement this Period 1000.00	
City Midland State MI Zip Code 48640	Purpose of Disbursement 011 Category/ Type	Candidate Name Dave Camp	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chambliss for Senate		Transaction ID: 21922354 Date of Disbursement 10 / 24 / 2007	
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00	
City Atlanta State GA Zip Code 30355	Purpose of Disbursement 011 Category/ Type	Candidate Name Saxby Chambliss	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<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. Clay Jr. For Congress		Transaction ID: 21919891 Date of Disbursement 10 / 24 / 2007
Mailing Address P.O. Box 4544 Suite 300		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63108	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. William Clay, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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) B. Friends of Kent Conrad		Transaction ID: 21920630 Date of Disbursement 10 / 24 / 2007
Mailing Address 122 Maryland Ave, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type	
Candidate Name Kent Conrad	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Windows Catering Company		Transaction ID: 21922406 Date of Disbursement 10 / 17 / 2007
Mailing Address 5724 General Washington Drive		Amount of Each Disbursement this Period 317.30
City Alexandria State VA Zip Code 22312	Purpose of Disbursement Payment for Food Services for Event on 1 011 Category/Type	
Candidate Name Rep. Artur Davis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2317.30
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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) A. Committee To Elect Artur Davis To Congress		Transaction ID: 21922393 Date of Disbursement 10 / 24 / 2007
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 182.70
City Birmingham	State AL Zip Code 35201	
Purpose of Disbursement		
Candidate Name Rep. Artur Davis		
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) ▼	011 Category/ Type
State: AL District: 7		

Full Name (Last, First, Middle Initial) B. Windows Catering Company		Transaction ID: 21955647 Date of Disbursement 10 / 24 / 2007
Mailing Address 5724 General Washington Drive		Amount of Each Disbursement this Period 317.30
City Alexandria	State VA Zip Code 22312	
Purpose of Disbursement In-Kind for Catering for 10/3/07 Event		
Candidate Name Rep. Artur Davis		
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) ▼	In-Kind for Catering for 10/3/07 Event
State: AL District: 7		

Full Name (Last, First, Middle Initial) C. Lindsey Graham for Senate		Transaction ID: 21788020 Date of Disbursement 10 / 09 / 2007
Mailing Address PO Box 1155		Amount of Each Disbursement this Period 1000.00
City Seneca	State SC Zip Code 29679	
Purpose of Disbursement		
Candidate Name Lindsey Graham		
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) ▼	011 Category/ Type
State: SC District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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 29 / 34

<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 Jeb Hensarling		Transaction ID: 21922299 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75382		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Jeb Hensarling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pennsylvanians for Kanjorski		Transaction ID: 21919997 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period 1500.00
City Wilkes-Barre State PA Zip Code 18701		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Paul Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pennsylvanians for Kanjorski		Transaction ID: 21920232 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period 500.00
City Wilkes-Barre State PA Zip Code 18701		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Paul Kanjorski		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kind For Congress Committee		Transaction ID: 21919791 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Ron Kind	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Larson for Congress		Transaction ID: 21922355 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement 011 Category/Type	
Candidate Name John Larson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 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. McCarthy For Congress		Transaction ID: 21920299 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address PO Box 1605		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Kevin McCarthy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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. Meeks for Congress		Transaction ID: 21922409 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 219-10 South Conduit Avenue 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00
City Springfield Garden State NY Zip Code 11413	Purpose of Disbursement 011 Category/Type	
Candidate Name Gregory Meeks	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Gary Miller for Congress		Transaction ID: 21920634 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 721 S Brea Canyon Road Suite 7		Amount of Each Disbursement this Period 1000.00
City Diamond Bar State CA Zip Code 91789	Purpose of Disbursement 011 Category/Type	
Candidate Name Gary Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. New Democratic Coalition PAC		Transaction ID: 21922410 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address c/o Perkins Coie 607 14th Street, NW, Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type	
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) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Putnam For Congress		Transaction ID: 21922263 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 3323 North Washington Blvd		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Adam Putnam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paul Ryan for Congress		Transaction ID: 21922353 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 29 West Milwaukee Street Suite 201		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53545	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI 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. Sali For Congress		Transaction ID: 21922359 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address PO Box 71		Amount of Each Disbursement this Period 500.00
City Kuna State ID Zip Code 83634	011 Category/ Type	
Purpose of Disbursement Debt Retirement 2006 General Election		
Candidate Name Rep. William Sali		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Christopher Shays for Congress Committee		Transaction ID: 21922357 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 98 East Avenue, Rear Building		Amount of Each Disbursement this Period 1000.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of John Tanner		Transaction ID: 21922427 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 3301		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22302	011 Category/ Type	
Purpose of Disbursement		
Candidate Name John Tanner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tiberi for Congress		Transaction ID: 21922426 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Patrick Tiberi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<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. Windows Catering Company		Transaction ID: 21955645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 7
Mailing Address 5724 General Washington Drive		Amount of Each Disbursement this Period -317.30
City Alexandria State VA Zip Code 22312	011 Category/ Type Void - Windows Catering Company	
Purpose of Disbursement Void - Windows Catering Company		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ACLI Services, Inc.		Transaction ID: 22065702 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW 8th Floor		Amount of Each Disbursement this Period 275.00
City Washington State DC Zip Code 20001	011 Category/ Type In-Kind for Room Rental and Beverage Service for event on 11/6/07	
Purpose of Disbursement In-Kind for Room Rental and Beverage Ser		
Candidate Name Ron Wyden		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Council of Life Insurers		Transaction ID: 22065794 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Disbursement this Period 225.00
City Washington State DC Zip Code 20001	011 Category/ Type Inkind for solicitation time, use of ACLI e-mail, phones for 11/6 event	
Purpose of Disbursement Inkind for solicitation time, use of ACL		
Candidate Name Ron Wyden		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR 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) ▶	182.70
TOTAL This Period (last page this line number only) ▶	26000.00