

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 11 07 2006 in the State of DC
(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 2006 through 10 18 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 10 25 2006

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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	28932.56									
(c) Total Receipts (from Line 19)	23904.16	296409.13								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52836.72	354056.37								
7. Total Disbursements (from Line 31)	36463.75	337683.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16372.97	16372.97								
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	6

 To:

M	M
1	0

D	D
1	8

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	14875.78	93032.01
(i) Itemized (use Schedule A)	3028.38	31627.12
(ii) Unitemized	17904.16	124659.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	6000.00	171750.00
(c) Other Political Committees (such as PACs)	23904.16	296409.13
(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))	23904.16	296409.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23904.16	296409.13

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.....	34463.75	322176.48
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.....	2000.00	15295.00
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))..	36463.75	337683.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36463.75	337683.40

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)	23904.16	296409.13
34. Total Contribution Refunds (from Line 28(d))	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23904.16	296197.21
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 / 31
	<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. Ms. Dona Davis Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address One American Row		Transaction ID: 17079294	
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		

Full Name (Last, First, Middle Initial) B. Ms Elizabeth R Bramwell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1225 Park Avenue		Transaction ID: 17079326	
City State Zip Code New York NY 10128-1758	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer National Life Group	Occupation Sentinel Asset Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Troy Olson Blair		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	
Mailing Address 19223 63rd Ave NE		Transaction ID: 17164068	
City State Zip Code Kenmore WA 98028-3329	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Symetra Financial Corporation	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 / 31
	<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. Thomas H. MacLeay		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address One National Life Drive		Transaction ID: 17164080
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 Chairman and CEO	
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. Gregory H. Doremus		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address National Life Drive		Transaction ID: 17164082
City State Zip Code Montpelier VT 05604-0001	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) C. Daniel T. Glowski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2413 High School DR		Transaction ID: 17167717
City State Zip Code Brentwood MO 63144-2416	Amount of Each Receipt this Period 287.50	
FEC ID number of contributing federal political committee. C		
Name of Employer RGA Reinsurance Group of America	Occupation Assistant General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

SUBTOTAL of Receipts This Page (optional) ▶	787.50
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 8 / 31
	<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. Eleesa B. Perez		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 6	
Mailing Address 515 Tenby Ter		Transaction ID: 17167718	
City Manchester	State MO	Zip Code 63011-4034	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RGA Reinsurance Company	Occupation Vice President, Reinsurance Accounting		
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. David B. Atkinson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6	
Mailing Address 660 Mason Ridge Center Drive		Transaction ID: 17201964	
City Saint Louis	State MO	Zip Code 63141-8557	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RGA Reinsurance Company	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mr. Paul E. Petry		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address P.O. Box 738		Transaction ID: 17216147	
City Osterville	State MA	Zip Code 02655-0738	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			
Name of Employer Boston Mutual Life Insurance Company	Occupation Chairman, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
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 9 / 31
	<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. Darlene Desroches		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 430 Great Hill Drive		Transaction ID: 17216150	
City State Zip Code Ballwin MO 63021-6318	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RGA Reinsurance Group of America	Occupation 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. Ms. Cathy Ann Hunt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 563		Transaction ID: 17374599	
City State Zip Code Platte City MO 64079-0563	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Great Southern Life Insurance Company	Occupation Vice President, Compliance		
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. Mark K. Fallon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 2209 W. 126th Street		Transaction ID: 17374601	
City State Zip Code Leawood KS 66209-1384	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Americo Life Insurance Company	Occupation Chief Financial Officer & Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 10 / 31
	(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

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. Gregory A. Hamilton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 8810 W. 147th Terrace		Transaction ID: 17374606	
City State Zip Code Overland Park KS 66221-2188	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Americo Financial Life and Annuity Ins	Occupation Vice President & Director, Investments		
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. William T. Marden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 13411 W. 128th Terrace		Transaction ID: 17374608	
City State Zip Code Overland Park KS 66213-3840	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Americo Financial Life and Annuity Ins	Occupation Chief Operating Officer		
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. Gary L. Muller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 13487		Transaction ID: 17374609	
City State Zip Code Kansas City MO 64199-3487	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Great Southern Life Insurance Company	Occupation President and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 11 / 31
	<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. Michael A. Merriman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 300 West 11th Street		Transaction ID: 17374610
City State Zip Code Kansas City MO 64105-1618	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Americo Life Insurance Company	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert L. Laplant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 5604 W. 147th Place		Transaction ID: 17374611
City State Zip Code Overland Park KS 66223-1171	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Americo	Occupation Vice President, Technology	
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. Arthur F. Ryan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 751 Broad Street		Transaction ID: 17380969
City State Zip Code Newark NJ 07102-3714	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Prudential Insurance Company of Americ	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 ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
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 / 31
	<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. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR112048978648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 42.67
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$42.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Counsel	Aggregate Year-to-Date ▼ 787.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115642718648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 50.00
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 Occupation CFO	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133339298648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 117.19
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$117.19 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, Tax and Retirement	Aggregate Year-to-Date ▼ 468.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	209.86
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 / 31
	<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. Gary E. Hughes		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77135828648	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 130.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$130.00 Semi-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 ▼ _____ 2470.00		

Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77136248648	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Semi-Monthly)		
Name of Employer American Council of Life Insurers	Occupation Managing Dir., Conference Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 950.00		

Full Name (Last, First, Middle Initial) C. 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: PR77136548648	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 20.00		
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 Managing Director, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 200.00
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 16 / 31
	<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. C. Bryan Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137688648
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 20.50
City Washington State DC Zip Code 20001-2133	P/R Deduction (\$20.50 Semi-Monthly)	
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers	Occupation Regional Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.50	

Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137718648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133		P/R Deduction (\$100.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Regional Vice President, State Relatio
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) C. Ms. Linda L. Lanam		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137738648
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 25.00
City Washington State DC Zip Code 20001-2133		P/R Deduction (\$25.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers		Occupation Vice President, Annuities
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional) ▶	145.50
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 18 / 31
	<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

A. Full Name (Last, First, Middle Initial) Mr. Mark Canter		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77141008648	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 19.29		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 366.52		
		P/R Deduction (\$19.29 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Ms. Sheila M. Ziegler		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR77141218648	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 12.67		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Excutive Secretary, Office of the Gene		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.73		
		P/R Deduction (\$12.67 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77141938648	
City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period _____ 38.04		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Council of Life Insurers	Occupation Vice President, Taxes		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 722.77		
		P/R Deduction (\$38.04 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 70.00
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 19 / 31
	<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. Frank Keating		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77141978648
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 208.33	
FEC ID number of contributing federal political committee. C _____		
Name of Employer American Council of Life Insurers	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 3958.27	P/R Deduction (\$208.33 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) B. 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: PR77141988648
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 208.33	
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 ▼ _____ 3958.27	P/R Deduction (\$208.33 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) C. 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: PR77141998648
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 50.00	
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 ▼ _____ 950.00	P/R Deduction (\$50.00 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 466.66
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 21 / 31
	<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. Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142298648
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 15.63
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 Occupation PAC Director	Aggregate Year-to-Date ▼ 281.33	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$15.63 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142328648
Mailing Address 101 Constitution Avenue, NW Suite 700		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	
Name of Employer American Council of Life Insurers Occupation Senior Counsel	Aggregate Year-to-Date ▼ 560.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$40.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142878648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 50.00
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 Occupation Senior Legislative Director	Aggregate Year-to-Date ▼ 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	105.63
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 / 31
	<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. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142888648
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 56.25
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 ▼ 1068.75	

Full Name (Last, First, Middle Initial) B. David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142898648
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 81.25
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 ▼ 1500.40	

Full Name (Last, First, Middle Initial) C. Ms. Susan Harvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77143528648
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 20.00
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 Director, Outreach Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional) ▶	157.50
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 23 / 31
	<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. Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR77144438648
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.65
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$22.65 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.34	

Full Name (Last, First, Middle Initial) B. T. Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue NW Suite 700 West		Transaction ID: PR77144498648
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Council of Life Insurers	Occupation Controller	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) C. Mr. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID: PR77144588648
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.46
Name of Employer American Council of Life Insurers	Occupation Director, Research	P/R Deduction (\$13.46 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.73	

SUBTOTAL of Receipts This Page (optional)	▶	56.11
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 25 / 31
	<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. Mrs Monica M Hainer		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 130 Wentworth Drive		Transaction ID: PR79811448648	
City State Zip Code Lansdale PA 19446-1671	Amount of Each Receipt this Period _____ 30.00		
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 ▼ _____ 390.00		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: PR80514918648	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 65.67		
FEC ID number of contributing federal political committee. C			
Name of Employer American Council of Life Insurers	Occupation Vice President, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1247.72		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: PR90481958648	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 25.00		
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 ▼ _____ 475.00		P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 120.67
TOTAL This Period (last page this line number only) ▶	_____ 14875.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Modern Woodmen of America PAC

Mailing Address 1701 First Avenue

City State Zip Code
Rock Island IL 61201

FEC ID number of contributing federal political committee. **C** C00184382

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 17167682

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Minnesota Life PAC

Mailing Address c/o Allen Peterson, Treasurer
2385 Apache Court

City State Zip Code
Mendota Heights MN 55120

FEC ID number of contributing federal political committee. **C** C00120006

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 17202218

Amount of Each Receipt this Period
5000.00

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

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 27 / 31

<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

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. California Delegation ROMP		Transaction ID: 17205410 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 40385		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20016	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) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) B. Hooley for Congress		Transaction ID: 17339202 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 320 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Candidate Name Darlene Hooley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) C. Pennsylvanians for Kanjorski		Transaction ID: 17205406 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 126 South Franklin Street		Amount of Each Disbursement this Period 4000.00
City Wilkes-Barre State PA Zip Code 18701	Purpose of Disbursement 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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

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. Sue Kelly for Congress		Transaction ID: 17339170 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1707 Prince Street, #7		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sue Kelly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. New Democratic Coalition PAC		Transaction ID: 17339140 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address c/o Perkins Coie 607 14th Street, NW, Suite 800		Amount of Each Disbursement this Period 4463.75
City Washington State DC Zip Code 20005	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) C. PAC to the Future		Transaction ID: 17205420 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 430 South Capitol Street, SE, 1st		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9963.75
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

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. Rangel for Congress		Transaction ID: 17205409 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Charles Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15		

Full Name (Last, First, Middle Initial) B. Republican Main Street Partnership PAC		Transaction ID: 17339068 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1220 L Street, NW Suite 100-263		Amount of Each Disbursement this Period 4000.00
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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Reynolds for Congress		Transaction ID: 17205421 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 5000.00
City Rochester State NY Zip Code 14615		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Thomas Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 26		

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
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 30 / 31

<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

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. Searchlight Leadership Fund		Transaction ID: 17205419 Date of Disbursement 10 / 10 / 2006	
Mailing Address 422 C St., NE Lower Level		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	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) ▶

2500.00

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

34463.75

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

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. Cupp for Supreme Court		Transaction ID: 17202255 Date of Disbursement 10 / 10 / 2006
Mailing Address 100 E. Broad Street Suite 2330		Amount of Each Disbursement this Period 750.00
City Columbus State OH Zip Code 43215	Robert Cupp, SUPREME COURT JUSTICE OH	
Purpose of Disbursement Robert Cupp, SUPREME COURT JUSTICE OH		011 Category/ Type
Candidate Name Mr. Robert Cupp		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Montgomery Campaign Committee		Transaction ID: 17202248 Date of Disbursement 10 / 10 / 2006
Mailing Address 211 South Fifth Street		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43215	Betty Montgomery, ATTORNEY GENERAL OH	
Purpose of Disbursement Betty Montgomery, ATTORNEY GENERAL OH		011 Category/ Type
Candidate Name Ms. Betty Montgomery		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ohioans for Justice O'Donnell		Transaction ID: 17202244 Date of Disbursement 10 / 10 / 2006
Mailing Address 10 W. Broad Street Suite 900		Amount of Each Disbursement this Period 750.00
City Columbus State OH Zip Code 43215	Terrence O'Donnell, SUPREME COURT JUSTICE OH	
Purpose of Disbursement Terrence O'Donnell, SUPREME COURT JUSTICE		011 Category/ Type
Candidate Name Terrence O'Donnell		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00