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

Minnesota Life Insurance Company PAC

ADDRESS (number and street) ▼ 400 Robert Street North

Check if different than previous reported. (ACC)

St Paul | MN | 55101

2. **FEC IDENTIFICATION NUMBER** ▼ C00120006

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — X NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 04 01 2004 through 06 30 2004

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 Allen Peterson

Signature of Treasurer Electronically Filed by Allen Peterson Date 07 02 2004

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							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Minnesota Life Insurance Company PAC

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		19265.44
(b) Cash on Hand at Begining of Reporting Period	23825.44	
(c) Total Receipts (from Line 19)	3885.00	8445.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27710.44	27710.44
7. Total Disbursements (from Line 31)	10000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17710.44	17710.44
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	

X 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Minnesota Life Insurance Company PAC

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

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		
(i) Itemized (use Schedule A)	2730.00	
(ii) Unitemized	1155.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	3885.00	8445.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶	3885.00	8445.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3885.00	8445.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3885.00	8445.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
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))	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	10000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	3885.00	8445.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3885.00	8445.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
George Connolly
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5090
Amount of Each Receipt this Period: 150.00
monthly payroll deduction $50.00

B.
Full Name (Last, First, Middle Initial)
Jeneen Cordon
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5091
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
Guy deLambert
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5092
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 390.00

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
Jean Delaney Nelson
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5093
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

B.
Full Name (Last, First, Middle Initial)
Sue Ebertz
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5094
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
George Fremder
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5095
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 360.00

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

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Vincent Giordano
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Comapny
Occupation: Pension Sales Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5097
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

B. Full Name (Last, First, Middle Initial)
Jaymes Hubbel
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5103
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C. Full Name (Last, First, Middle Initial)
Gary Kielst
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5105
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 360.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
Richard Lee
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5108
Amount of Each Receipt this Period: 150.00
monthly payroll deduction $50.00

B.
Full Name (Last, First, Middle Initial)
Catherine McCarty
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Manager
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5109
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
David McClafferty, Jr.
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: District Manager
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5110
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 390.00

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 / 14
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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
Fran Meters
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Regional Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5111
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

B.
Full Name (Last, First, Middle Initial)
Lynne Mills
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5112
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
Robert Olafson
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5114
Amount of Each Receipt this Period: 150.00
monthly payroll deduction $50.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **390.00**

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 11 / 14
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
Dianne Orbison
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Senior Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5115
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

B.
Full Name (Last, First, Middle Initial)
Charles Peterson
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Regional Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5116
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
Bruce Shey
Mailing Address 400 Robert Street North
City: St Paul State: MN Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5120
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 360.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
William Steffes
Mailing Address 400 Robert Street North
City: St Paul | State: MN | Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5122
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

B.
Full Name (Last, First, Middle Initial)
Anthony Thomas
Mailing Address 400 Robert Street North
City: St Paul | State: MN | Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Second Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5123
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

C.
Full Name (Last, First, Middle Initial)
David Underdale
Mailing Address 400 Robert Street North
City: St Paul | State: MN | Zip Code: 55101
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Life Insurance Company
Occupation: Regional Vice President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.5125
Amount of Each Receipt this Period: 120.00
monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 360.00

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 13 / 14
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name (Last, First, Middle Initial)
Nancy Winter

Mailing Address 400 Robert Street North

City: St Paul
State: MN
Zip Code: 55101

FEC ID number of contributing federal political committee: C

Name of Employer: Minnesota Life Insurance Company

Occupation: Second Vice President

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 30 2004

Transaction ID: SA11A1.5128

Amount of Each Receipt this Period: 120.00

monthly payroll deduction $40.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 120.00

TOTAL This Period (last page this line number only) ..... ▶ 2730.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A.
Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF LIFE INSURANCE, LIFE INSURANCE PAC

Mailing Address 1001 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
Year to date aggregate $5,000.00

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.5127
Date of Disbursement 06 / 22 / 2004

Amount of Each Disbursement this Period
5000.00

B.
Full Name (Last, First, Middle Initial)
Mark Kennedy

Mailing Address PO Box 300

City Buffalo State MN Zip Code 55313

Purpose of Disbursement
Year to date aggregate $5,000.00

Candidate Name
Mark Kennedy

Category/ Type

Office Sought: X House / Senate / President
State: MN District 6

Disbursement For: 2004 Primary / X General / Other (specify)

Transaction ID: SB23.5128
Date of Disbursement 06 / 22 / 2004

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	10000.00
TOTAL This Period (last page this line number only) ..... ▶	10000.00