REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

APR 12 1 34 PM '99

1. NAME OF COMMITTEE (in full)
American Council of Life Insurance PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1001 Pennsylvania Avenue, NW
5th Floor - South

CITY, STATE and ZIP CODE
Washington, DC 20004

2. FEC IDENTIFICATION NUMBER
C00147066

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____.

☐ Thirtieth day report following the General Election on _____ in the State of _____.

b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY 5. Covering Period 2/1/1999 through 2/28/1999	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		$ 31,091.31
(b) Cash on Hand at Beginning of Reporting Period	$ 42,176.97	
(c) Total Receipts (from Line 19)	$ 10,143.59	$ 21,229.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 52,320.56	$ 52,320.56
7. Total Disbursements (from Line 30)	$ 0.00	$ 0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 52,320.56	$ 52,320.56
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	

For Further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Richard James

Signature of Treasurer

Date 4/7/99

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
American Council of Life Insurance PAC

REPORT COVERING PERIOD
FROM: 2/1/1999 TO: 2/28/1999

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	$2,147.73	$3,367.73
ii. Unitemized	$1,238.10	$4,955.11
iii. Total (add i and ii) »	$3,385.83	$8,322.84
b. Political Party Committees	$0.00	$0.00
c. Other Political Committees (such as PACs)	$6,500.00	$12,500.00
d. Total Contributions (add a iii, b and c) »	$9,885.83	$20,822.84
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.)	$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.)	$257.76	$406.41
18. Transfers from Nonfederal Account for Joint Activity	$0.00	$0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) »	$10,143.59	$21,229.25
20. Total Federal Receipts (subtract line 18 from line 19) »	$10,143.59	$21,229.25
II. Disbursements		
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 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	$0.00	$0.00
24. Independent Expenditures (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 a, b and c) »	$0.00	$0.00
29. Other Disbursements	$0.00	$0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) »	$0.00	$0.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) »	$0.00	$0.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$9,885.83	$20,822.84
33. Total Contribution Refunds (from line 28d)	$0.00	$0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	$9,885.83	$20,822.84
35. Total Federal Operating Expenditures (add 21 a i and 21 b) »	$0.00	$0.00
36. Offsets to Operating Expenditures (from line 15)	$0.00	$0.00
37. Net Operating Expenditures (subtract line 36 from 35) »	$0.00	$0.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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 Insurance PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Philmore B. Anderson 1001 Pennsylvania Avenue, NW, Suite 500 - South Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Director, Federal Relations Aggregate Year-to-Date: $ 366.13	2/28/1999	$210.42
Barbara E. Bay Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Vice President, Public Affairs Aggregate Year-to-Date: $ 313.40	2/28/1999	$159.08
John K. Booth Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Vice President & Chief Actuary Aggregate Year-to-Date: $ 360.00	2/28/1999	$180.00
Joanne S. Daly Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Managing Director, Admin. Aggregate Year-to-Date: $ 300.00	2/28/1999	$150.00
Margaret A. Durbin Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Senior Counsel Aggregate Year-to-Date: $ 260.92	2/28/1999	$130.46
Mark R. Elam Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Chief Operating Officer Aggregate Year-to-Date: $ 440.00	2/28/1999	$220.00
Jeanne E. Hoenicke Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Vice President Aggregate Year-to-Date: $ 341.65	2/28/1999	$173.94

SUBTOTAL of Receipts This Page (optional)	$ 1,223.90
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals (itemized)

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NAME OF COMMITTEE (in Full)
American Council of Life Insurance PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary E. Hughes Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Vice President Aggregate Year-to-Date: $ 393.90	2/28/1999	$200.25
Stephen W. Kraus Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Occupation: Vice President & Chief Counsel Aggregate Year-to-Date: $ 352.07	2/28/1999	$179.16
Linda L. Lanum 6610 West Broad Street Richmond, VA 23230-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Aggregate Year-to-Date: $ 260.92	2/28/1999	$130.46
Robert S. McConnaughey Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Senior Counsel Aggregate Year-to-Date: $ 241.47	2/28/1999	$121.66
Nikki D. McNamee Washington, DC 20004-2599 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Senior Vice President, Policy Aggregate Year-to-Date: $ 360.00	2/28/1999	$180.00
Phillip E. Stano 1001 Pennsylvania Avenue, NW Washington, DC 20004-1202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: American Council of Life Insurance Occupation: Aggregate Year-to-Date: $ 223.22	2/28/1999	$112.30

SUBTOTAL of Receipts This Page (optional)	$ 923.83
TOTAL This Period (last page this line number only)	$ 2,147.73

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(c)

Contributions From Other Political Committees (such as PACs)

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 Insurance PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mutual Life Federal PAC **720 E. Wisconsin Ave.** **Milwaukee, WI 53202** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **The Northwestern Mutual Life Federal PAC** Occupation: Aggregate Year-to-Date: $ 5,000.00	2/17/1999	$5,000.00
Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PHL PAC **1 American Row** **Hartford, CT 06115** Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: **Phoenix Home Life Mutual** Occupation: Aggregate Year-to-Date: $ 1,500.00	2/22/1999	$1,500.00

SUBTOTAL of Receipts This Page (optional)	$ 6,500.00
TOTAL This Period (last page this line number only)	$ 6,500.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

Other Federal Receipts (Dividends, Interest, etc.)

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 Insurance PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doe Owens **445 11th Street, NW** **Washington, DC 20004**	**Crestar Bank N.A.**	**2/28/1999**	**$257.76**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation **Account Representative** Aggregate Year-to-Date **$ 406.41**		

SUBTOTAL of Receipts This Page (optional)	**$ 257.76**
TOTAL This Period (last page this line number only)	**$ 257.76**

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 4-12-99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER	4-12-99 DATE PREPARED

(4/98)