

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 Washington DC 20001 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 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 12 06 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.

**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
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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 .....	16372.97									
(c) Total Receipts (from Line 19) .....	32416.62	328825.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48789.59	386472.99								
7. Total Disbursements (from Line 31) .....	6803.34	344486.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41986.25	41986.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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	19159.06	112191.07
(i) Itemized (use Schedule A) .....	4457.56	36084.68
(ii) Unitemized .....	23616.62	148275.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	8800.00	180550.00
(c) Other Political Committees (such as PACs) .....	32416.62	328825.75
(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)) .....	32416.62	328825.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32416.62	328825.75

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	6500.00	328676.48
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.....	303.34	15598.34
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6803.34	344486.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6803.34	344486.74

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	32416.62	328825.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	211.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32416.62	328613.83
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 / 33
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dayton Molendorp

Mailing Address 6507 Castle Knoll CT.

City Indianapolis State IN Zip Code 46250-1439

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

Name of Employer OneAmerica Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 17404576

Amount of Each Receipt this Period  
 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Mark D. Buehrer

Mailing Address 1209 Newport Landing

City Fenton State MO Zip Code 63026-6906

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

Name of Employer RGA Reinsurance Group of America Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** 17444871

Amount of Each Receipt this Period  
 450.00

**C.** Full Name (Last, First, Middle Initial)  
Jaime Correa

Mailing Address 163344 Peppermill DRive

City Wildwood State MO Zip Code 63005

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

Name of Employer RGA Reinsurance Group of America Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 17444873

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr Mark M Hopfinger

Mailing Address 96 Nostra Villa Drive

City State Zip Code  
Fenton MO 63026-3380

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

Name of Employer RGA Reinsurance Company Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 17444875

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Larson

Mailing Address 240 Herworth Drive

City State Zip Code  
Chesterfield MO 63005-6910

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

Name of Employer RGA Reinsurance Company Occupation SVP, Controller & Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

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

**Transaction ID:** 17444877

Amount of Each Receipt this Period  
470.00

**C.** Full Name (Last, First, Middle Initial)  
Kent P. Zimmerman

Mailing Address 13432 Pocasset

City State Zip Code  
Saint Louis MO 63128-3370

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

Name of Employer RGA Reinsurance Company Occupation Vice President, TA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 17444886

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1270.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Thomas E. Rattmann		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 836 Overbrook Drive		<b>Transaction ID:</b> 17447190	
City Vestal	State NY	Zip Code 13850-2946	Amount of Each Receipt this Period 775.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Columbian Mutual Life Insurance Company	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms Anne B Walsh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 2 Glen Creek Lane		<b>Transaction ID:</b> 17450826	
City Saint Louis	State MO	Zip Code 63124-1505	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RGA Reinsurance Company	Occupation Senior Vice President & CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael E Madden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 8305 20th Avenue NW		<b>Transaction ID:</b> 17450865	
City Seattle	State WA	Zip Code 98117-3523	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Symetra Financial Corporation	Occupation Vice President, Individual Life		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2025.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms Laurie A Hubbard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 16590 SE 161st Street		<b>Transaction ID: 17554566</b>
City State Zip Code Renton WA 98058-4226	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Symetra Financial Corporation	Occupation Vice President, Director of Tax	
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>B. Mr. Thomas A Munson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 11 Stonebrook CT		<b>Transaction ID: 17554567</b>
City State Zip Code Brownwood TX 76801-6036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Landmark Life Insurance Company	Occupation President & Chief Executive Officer	
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>C. James G. Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 4608 Driftwood		<b>Transaction ID: 17554649</b>
City State Zip Code Frisco TX 75034-5132	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Central Security Life Insurance Company	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas J. McInerney

Mailing Address 4 Brook Ridge

City State Zip Code  
West Simsbury CT 06092-2822

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

Name of Employer Occupation  
ING Financial Services Chief Executive Officer, U.S. Financia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 17554652

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Albert Greig Woodring

Mailing Address 1370 Timberlake Manor Parkway

City State Zip Code  
Chesterfield MO 63017-6039

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

Name of Employer Occupation  
Reinsurance Group of America, Incorpor President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17571087

Amount of Each Receipt this Period  
1400.00

**C.** Full Name (Last, First, Middle Initial)  
Jack B. Lay

Mailing Address 432 Mosley Road

City State Zip Code  
Creve Coeur MO 63141-7631

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

Name of Employer Occupation  
RGA Reinsurance Group of America EVP & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17571088

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2650.00

**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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Robert A Reed		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 9728 Nottinghame Drive		<b>Transaction ID:</b> 17571089
City State Zip Code Omaha NE 68114-3811	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Physicians Life Insurance Company	Occupation President & Chief Executive Officer	
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>B.</b> Mr Rob A Reed, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 9730 Hascall Street		<b>Transaction ID:</b> 17571576
City State Zip Code Omaha NE 68124-2741	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Physicians Life Insurance Company	Occupation Executive Vice President, Chief Market	
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) <b>C.</b> Mr Roger J Hermesen		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1303 N. 129th Ave Circle		<b>Transaction ID:</b> 17571854
City State Zip Code Omaha NE 68154-3613	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Physicians Life Insurance Company	Occupation Executive Vice President & Chief Finan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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 12 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr Gene E Theel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 7805 S. 94th Street		Transaction ID: 17572910	
City State Zip Code Lavista NE 68128-8248	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Physicians Life Insurance Company	Occupation EVP		
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) <b>B.</b> Mr Edward W Graycar		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 939 S. 106th Plz No 603		Transaction ID: 17574472	
City State Zip Code Omaha NE 68114-4769	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Physicians Life Insurance Company	Occupation Executive Vice President & Chief Opera		
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) <b>C.</b> Mr. Malcom S. Taylor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address 3505 South 194th Street		Transaction ID: 17587709	
City State Zip Code Seatac WA 98188-5358	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Symetra Life Insurance Co- mpany	Occupation SVP Group Division		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 / 33
	<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

**A.** Full Name (Last, First, Middle Initial)  
Ms Jennifer V Davies

Mailing Address 348-13th Ave

City State Zip Code  
Kirkland WA 98033

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

Name of Employer Symetra Financial Corporation  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 17600224

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Roger F Harbin

Mailing Address 16225 NE 112th CT

City State Zip Code  
Redmond WA 98052-2772

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

Name of Employer Symetra Financial Corporation  
Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 17830603

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ross L. Sargent

Mailing Address 101 Constitution Ave, NW Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
872.53

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

**Transaction ID:** PR112048979338

Amount of Each Receipt this Period  
85.34

P/R Deduction (\$42.67 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1085.34**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR115642719338	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00	
City Washington      State DC      Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 900.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John J Patterson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR123172759338	
Mailing Address 10075 Red Run Blvd		Amount of Each Receipt this Period 37.50	
City Owings Mills      State MD      Zip Code 21117-4865	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Baltimore Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Operations Aggregate Year-to-Date ▼ 212.50		
		P/R Deduction (\$12.50 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR133339299338	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 234.38	
City Washington      State DC      Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Tax and Retirement Aggregate Year-to-Date ▼ 703.14		
		P/R Deduction (\$117.19 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	371.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Gary E. Hughes</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77135829338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 260.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 2730.00		
		P/R Deduction (\$130.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda H. Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77136249338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ _____ 1050.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Ms. Roberta B. Meyer</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77136279338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Council of Life Insurers	Occupation Assoc. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>380.00</b>
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136549338
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	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 Managing Director, Media Relations Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77136909338
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	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 VP, Legislative & Regulatory Informati Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137329338
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 224.28
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$112.14 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, State Relations Aggregate Year-to-Date ▼ 2354.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	304.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Shawn Hausman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77137359338</b>
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 41.16	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$20.58 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Sr. Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 432.19	

Full Name (Last, First, Middle Initial) <b>B. Mr. David M. Leifer</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77137409338</b>
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 102.92	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$51.46 Semi-Monthly)
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 ▼ _____ 1047.31	

Full Name (Last, First, Middle Initial) <b>C. Mr. James D. Hall</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77137439338</b>
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$15.00 Semi-Monthly)
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 ▼ _____ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>174.08</b>
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137609338
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$30.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers	Occupation Vice President, Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137689338
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 41.00
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$20.50 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 430.50	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137719338
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$100.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	301.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Linda L. Lanam		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77137739338	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Annuities Aggregate Year-to-Date ▼ 525.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77138649338	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 144.80	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director, Reinsurance Aggregate Year-to-Date ▼ 1520.39		
		P/R Deduction (\$72.40 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77139519338	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 313.54	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President, Federal Rela Aggregate Year-to-Date ▼ 3292.17		
		P/R Deduction (\$156.77 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	508.34
<b>TOTAL</b> 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 20 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Pearson

Mailing Address 10075 Red Run Boulevard

City Owings Mills State MD Zip Code 21117-4865

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

Name of Employer Baltimore Life Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

**Transaction ID:** PR77140269338

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Ms. Olivia Gillis

Mailing Address 101 Constitution Ave, NW Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Senior Editor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** PR77140819338

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Canter

Mailing Address 101 Constitution Avenue, NW Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Senior Counsel, Federal Taxes

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.10

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

**Transaction ID:** PR77141009338

Amount of Each Receipt this Period  
38.58

P/R Deduction (\$19.29 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.58</b>
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Sheila M. Ziegler</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID: PR77141219338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 25.34		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer American Council of Life Insurers	Occupation Executive Secretary, Office of the Gene		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 266.07		P/R Deduction (\$12.67 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B. Mr. Morris Goff</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77141939338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 76.08		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 798.85		P/R Deduction (\$38.04 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Frank Keating</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID: PR77141979338</b>	
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 416.66		
FEC ID number of contributing federal political committee. <b>C</b> _____			
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 ▼ _____ 4374.93		P/R Deduction (\$208.33 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>518.08</b>
<b>TOTAL</b> 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 24 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142299338
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 31.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation PAC Director	Aggregate Year-to-Date 312.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142329338
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 80.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Counsel	Aggregate Year-to-Date 640.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Nina Aponte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142539338
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 20.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Staff Accountant	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	131.26
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142879338
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Legislative Director Aggregate Year-to-Date ▼ 1050.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142889338
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 112.50
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1181.25	

<b>C.</b> Full Name (Last, First, Middle Initial) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77142899338
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 162.50
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1662.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> 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 27 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> T. Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144499338
Mailing Address 101 Constitution Avenue NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$20.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 420.00	
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Controller	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144589338
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 26.92
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$13.46 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 282.65	
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, Research	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Julie A. Spiezio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77144969338
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington      State DC      Zip Code 20001-2133	P/R Deduction (\$25.00 Semi-Monthly)	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 525.00	
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.92
<b>TOTAL</b> 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 29 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Vice President, Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1379.06

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

**Transaction ID:** PR80514919338

Amount of Each Receipt this Period  
131.34

P/R Deduction (\$65.67 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Mehlman

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

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

**Transaction ID:** PR90481959338

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>181.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19159.06</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 33						
	(check only one)							
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b> Full Name (Last, First, Middle Initial) OneAmerica Financial Partners, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address One American Square P.O. Box 368		<b>Transaction ID:</b> 17404578	
City Indianapolis State IN Zip Code 46206	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00143164			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Government Personnel Mutual Life Ins Co PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 65967		<b>Transaction ID:</b> 17450868	
City San Antonio State TX Zip Code 78265	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b> C00236588			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) CUNA Mutual PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address P.O. Box 747		<b>Transaction ID:</b> 17600207	
City Madison State WI Zip Code 53701	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00402107			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4800.00
<b>TOTAL</b> 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 31 / 33
	(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

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

**A.** Full Name (Last, First, Middle Initial)  
AmerUs Group PAC

Mailing Address 611 Fifth Avenue

City State Zip Code  
Des Moines IA 50309

FEC ID number of contributing federal political committee. **C** C00180901

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

**Transaction ID:** 17692775

Amount of Each Receipt this Period  
4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8800.00

# 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Melissa Bean For Congress</b>		<b>Transaction ID: 17584831</b>	
Mailing Address Post Office Box 3068		Date of Disbursement MM / DD / YYYY 11 / 01 / 2006	
City Barrington	State IL	Zip Code 60010	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Melissa Bean			
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: IL	District: 8		

Full Name (Last, First, Middle Initial) <b>B. CHRIS PAC</b>		<b>Transaction ID: 17546354</b>	
Mailing Address 227 Massachusetts Ave, NE Suite 101		Date of Disbursement MM / DD / YYYY 10 / 26 / 2006	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID: 17546355</b>	
Mailing Address 1200 Trinity Drive		Date of Disbursement MM / DD / YYYY 10 / 26 / 2006	
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Patrick Tiberi			
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: OH	District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6500.00</b>

# 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

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

Full Name (Last, First, Middle Initial) <b>A. Friends to Re-Elect Sen. Evan Jenkins</b>		<b>Transaction ID: 17546359</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 306 Holswade Drive		Amount of Each Disbursement this Period 250.00	
City State Zip Code Huntington WV 25701	Evan Jenkins, STATE SENATE WV		
Purpose of Disbursement Evan Jenkins, STATE SENATE WV			011 Category/Type
Candidate Name WV Sen. Evan Jenkins			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 5			

Full Name (Last, First, Middle Initial) <b>B. Sun Trust Bank</b>		<b>Transaction ID: 17896801</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 445 11th Street, NW		Amount of Each Disbursement this Period 53.34	
City State Zip Code Washington DC 20004	Deposit Slips		
Purpose of Disbursement Deposit Slips			001 Category/Type
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

303.34

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

303.34