

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW
Suite 700
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 10 11 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		35088.05
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	20342.62									
(c) Total Receipts (from Line 19)	36079.06	255959.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56421.68	291047.89								
7. Total Disbursements (from Line 31)	38850.00	273476.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17571.68	17571.68								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12736.44	69508.87
(i) Itemized (use Schedule A)	1842.62	34950.97
(ii) Unitemized	14579.06	104459.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	21500.00	151500.00
(c) Other Political Committees (such as PACs)	36079.06	255959.84
(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))	36079.06	255959.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36079.06	255959.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38850.00	266026.21
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	7450.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38850.00	273476.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	38850.00	273476.21

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	36079.06	255959.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36079.06	255959.84
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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Mr Albert T Annexstad		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007	
Mailing Address 699 Woodhilll Place		Transaction ID: 21339106	
City State Zip Code Owatonna MN 55060-2132	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Federated Life Insurance Company	Occupation Chairman of the Board, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mr. Harold E. Riley		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007	
Mailing Address P.O. Box 149151		Transaction ID: 21410912	
City State Zip Code Austin TX 78714-9151	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Citizens Insurance Company of America	Occupation Chairman		
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) C. Michael R. Hopkins		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2007	
Mailing Address P.O. Box 149151		Transaction ID: 21516172	
City State Zip Code Austin TX 78714-9151	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Citizens Insurance Company of America	Occupation Office Services Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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 A Munson

Mailing Address 11 Stonebrook CT

City State Zip Code
Brownwood TX 76801-6036

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

Name of Employer Landmark Life Insurance Company
Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: 21516177

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan M. Pollio

Mailing Address 8611 Willowick Drive

City State Zip Code
Austin TX 78759-7533

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

Name of Employer Citizens Insurance Company of America
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
09 / 17 / 2007

Transaction ID: 21526880

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mr. Arthur F. Ryan

Mailing Address 751 Broad Street

City State Zip Code
Newark NJ 07102-3714

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

Name of Employer Prudential Insurance Company of America
Occupation Chr of the Bd & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 21743467

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	6400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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. Ross L. Sargent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1120489711833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 88.66	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel Aggregate Year-to-Date ▼ 797.95		
		P/R Deduction (\$44.33 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Mr. Donald L. Walker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1156427111833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 900.00		
		P/R Deduction (\$50.00 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Ms. Ann B. Cammack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1333392911833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 255.20	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President, Tax and Retirement Aggregate Year-to-Date ▼ 2296.81		
		P/R Deduction (\$127.60 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	443.86
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. John F. Dolan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771365411833
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771369011833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 50.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.13 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation VP, Legislative & Regulatory Informati	Aggregate Year-to-Date 426.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771373211833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 233.22
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$116.61 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations	Aggregate Year-to-Date 2098.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	323.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<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. David R. Wentworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771376011833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 60.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Research Aggregate Year-to-Date ▼ 540.00		
		P/R Deduction (\$30.00 Semi-Monthly)	

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: PR771376811833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 42.84	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President Aggregate Year-to-Date ▼ 385.55		
		P/R Deduction (\$21.42 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771377111833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 1800.00		
		P/R Deduction (\$100.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	302.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771386411833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 153.12	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
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 ▼ 1378.09		
		P/R Deduction (\$76.56 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771395111833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 326.04	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President, Federal Rel Aggregate Year-to-Date ▼ 2934.36		
		P/R Deduction (\$163.02 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. John Pearson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771402611833	
Mailing Address 10075 Red Run Boulevard		Amount of Each Receipt this Period 100.00	
City Owings Mills State MD Zip Code 21117-4865	FEC ID number of contributing federal political committee. C		
Name of Employer Baltimore Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 950.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	579.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Sheila M. Ziegler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR77141211833
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 26.36
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$13.18 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Secretary, Office of the Gene	Aggregate Year-to-Date ▼ 237.25	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Morris Goff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419311833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 79.98
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.99 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date ▼ 719.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank Keating		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419711833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation President & CEO	Aggregate Year-to-Date ▼ 3749.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	523.00
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 15 / 30
(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
							17

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

Full Name (Last, First, Middle Initial) A. Mr. Michael J. Hunter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419811833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Vice President & COO Aggregate Year-to-Date ▼ 3749.94		
P/R Deduction (\$208.33 Semi-Monthly)			

Full Name (Last, First, Middle Initial) B. Brenda Nation		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771419911833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Counsel Aggregate Year-to-Date ▼ 900.00		
P/R Deduction (\$50.00 Semi-Monthly)			

Full Name (Last, First, Middle Initial) C. Ms. Nancy Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420011833	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 30.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Assistant Aggregate Year-to-Date ▼ 270.00		
P/R Deduction (\$15.00 Semi-Monthly)			

SUBTOTAL of Receipts This Page (optional) ▶	546.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 30
	<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. Daniel J. Mahoney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771420911833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 113.76
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$56.88 Semi-Monthly)
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Communications Aggregate Year-to-Date ▼ 1023.83	

B. Full Name (Last, First, Middle Initial) Ms. Debra K. West		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771421011833
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	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 Counsel & Director, Southern Re Aggregate Year-to-Date ▼ 900.00	

C. Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771422911833
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 59.38
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$29.69 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 PAC Director Aggregate Year-to-Date ▼ 521.29	

SUBTOTAL of Receipts This Page (optional) ▶	273.14
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 17 / 30
	<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) A. Ms. Lisa Tate		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: PR771423211833
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Associate General Counsel, Litigation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 720.00	

Full Name (Last, First, Middle Initial) B. Mr. John P. Gerni		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: PR771428711833
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 110.42	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$55.21 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Legislative Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 961.26	

Full Name (Last, First, Middle Initial) C. Mr. Juan Carlos Scott		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID: PR771428811833
City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period _____ 117.50	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$58.75 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, Federal Relatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1057.50	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 307.92
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 30
	<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) David C. Turner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771428911833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 171.26	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. Vice President and Corp Sec. Aggregate Year-to-Date ▼ 1541.33		
		P/R Deduction (\$85.63 Semi-Monthly)	

B. Full Name (Last, First, Middle Initial) Alane R. Dent		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771444311833	
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 48.80	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 439.20		
		P/R Deduction (\$24.40 Semi-Monthly)	

C. Full Name (Last, First, Middle Initial) T. Scott Dixon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771444911833	
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. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Controller Aggregate Year-to-Date ▼ 360.00		
		P/R Deduction (\$20.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	260.06
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Andrew Melnyk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771445811833	
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 28.16	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director, Research Aggregate Year-to-Date ▼ 253.45		
		P/R Deduction (\$14.08 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Ms. Julie A. Spiezio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771449611833	
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 50.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 450.00		
		P/R Deduction (\$25.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. John K. Bruins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR771450111833	
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 26.00	
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C		
Name of Employer American Council of Life Insurers Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Actuary Aggregate Year-to-Date ▼ 234.00		
		P/R Deduction (\$13.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	104.16
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Raymond J. Hazel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR796887911833
Mailing Address 7 Daydilly Court		Amount of Each Receipt this Period 40.00
City Wilmington	State DE	Zip Code 19808-1951
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Mrs Monica M Hainer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR798114411833
Mailing Address 130 Wentworth Drive		Amount of Each Receipt this Period 54.00
City Lansdale	State PA	Zip Code 19446-1671
FEC ID number of contributing federal political committee. C		P/R Deduction (\$27.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	

Full Name (Last, First, Middle Initial) C. Mr. Maurice Perkins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR805149111833
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 136.66
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$68.33 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1229.95	

SUBTOTAL of Receipts This Page (optional) ▶	230.66
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID: PR904819511833

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	12736.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<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) Phoenix Companies PAC Mailing Address One American Row City State Zip Code Hartford CT 06115 FEC ID number of contributing federal political committee. C C00168203 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21516178 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	3	/	2	0	0	7	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	3	/	2	0	0	7														
2500.00																							

B. Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC Mailing Address Mutual of Omaha Plaza City State Zip Code Omaha NE 68175 FEC ID number of contributing federal political committee. C C00094581 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21526879 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	7	/	2	0	0	7	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	1	7	/	2	0	0	7														
5000.00																							

C. Full Name (Last, First, Middle Initial) Western-Southern PAC Mailing Address 400 Broadway City State Zip Code Cincinnati OH 45202 FEC ID number of contributing federal political committee. C C00258228 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 21635821 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	4	/	2	0	0	7	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	4	/	2	0	0	7														
5000.00																							

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 23 / 30
	(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)
Trustmark Ins. Co. PAC

Mailing Address Trustmark Insurance Company
400 Field Drive

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing federal political committee. **C** C00156166

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
0	9		1	9		2	0	0	7

Transaction ID: 21638823

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
HSBC North America PAC

Mailing Address 2700 Sanders Road

City State Zip Code
Prospect Heights IL 60070

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Transaction ID: 21650057

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	21500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 30

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

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

Full Name (Last, First, Middle Initial) A. Melissa Bean For Congress		Transaction ID: 21635780	
Mailing Address Post Office Box 3068		Date of Disbursement 09 / 24 / 2007	
City Barrington	State IL	Zip Code 60010	Amount of Each Disbursement this Period 2500.00
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 8			

Full Name (Last, First, Middle Initial) B. Brown-Waite for Congress		Transaction ID: 21635784	
Mailing Address 704 Ponce De Leon Blvd		Date of Disbursement 09 / 24 / 2007	
City Brooksville	State FL	Zip Code 34601	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ginny Brown-Waite			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 5			

Full Name (Last, First, Middle Initial) C. American Council of Life Insurers		Transaction ID: 21421794	
Mailing Address 101 Constitution Ave, NW Suite 700		Date of Disbursement 09 / 12 / 2007	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement In-kind for fundraising services (includ		011 Category/ Type	
Candidate Name Dave Camp			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 4	In-kind for fundraising services (including use of corporate resources) and room rental		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Council of Life Insurers		Transaction ID: 21421802 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001	011 Category/ Type In-kind for fundraising services (including use of corporate resources) and room rental	
Purpose of Disbursement In-kind for fundraising services (include)		
Candidate Name Rep. Michael Capuano		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capuano For Congress Committee		Transaction ID: 21635783 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address PO Box 440305		Amount of Each Disbursement this Period 500.00
City Somerville State MA Zip Code 02144	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Capuano		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. COLE PAC		Transaction ID: 21635781 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 12176 Chancery Station Circle		Amount of Each Disbursement this Period 2000.00
City Reston State VA Zip Code 20190	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. American Council of Life Insurers		Transaction ID: 21421805 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001	011 Category/ Type In-kind for fundraising services (including use of corporate resources) and room rental	
Purpose of Disbursement In-kind for fundraising services (include)		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DCCC		Transaction ID: 21572220 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DSCC		Transaction ID: 21572223 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Manzullo for Congress		Transaction ID: 21635778 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	
Zip Code 22302		
Purpose of Disbursement 011 Category/Type		
Candidate Name Donald Manzullo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 16		

Full Name (Last, First, Middle Initial) B. McConnell Senate Committee		Transaction ID: 21635774 Date of Disbursement 09 / 24 / 2007
Mailing Address 400 N. Capitol Street Suite 585		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20001		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 2		

Full Name (Last, First, Middle Initial) C. Moore for Congress		Transaction ID: 21635787 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission	State KS	
Zip Code 66285		
Purpose of Disbursement 011 Category/Type		
Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KS District: 3		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: 21572225 Date of Disbursement
Mailing Address 320 First Street, SE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. NRSC		Transaction ID: 21572226 Date of Disbursement
Mailing Address 425 2nd Street, NE		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. The Reed Committee		Transaction ID: 21635776 Date of Disbursement
Mailing Address 236 Massachusetts Ave, NE Suite 608		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 1		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Reynolds for Congress		Transaction ID: 21635771 Date of Disbursement 09 / 24 / 2007	
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 2350.00	
City Rochester	State NY		Zip Code 14615
Purpose of Disbursement			011 Category/ Type
Candidate Name Thomas Reynolds			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 26			

Full Name (Last, First, Middle Initial) B. South Dakota First PAC		Transaction ID: 21635772 Date of Disbursement 09 / 24 / 2007	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement			011 Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. South Dakota First PAC		Transaction ID: 21649266 Date of Disbursement 09 / 27 / 2007	
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period -2500.00	
City Washington	State DC		Zip Code 20002
Purpose of Disbursement Void - Check ruined by USPS			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:		Void - Check ruined by US- PS	

SUBTOTAL of Disbursements This Page (optional) ▶	2350.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. South Dakota First PAC

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Replacement for 9/24/07 check damaged b

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 21649268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Replacement for 9/24/07
check damaged by USPS

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

38850.00