

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 12
06/20/2001 12 : 24

1. NAME OF COMMITTEE (in full) American Council of Life Insurance PAC		2. FEC IDENTIFICATION NUMBER C00147086
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, NW 5th Floor - South	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20004		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/2001</u> through <u>05/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		51089.47
(b) Cash on Hand at Beginning of Reporting Period	60581.16	
(c) Total Receipts (from line 19)	49316.64	97328.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109897.80	148397.80
7. Total Disbursements (from line 30)	43500.00	82000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66397.80	66397.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Mr. Brian Donnellan	
Signature of Treasurer	Date 05/31/2001

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Council of Life Insurance PAC		REPORT COVERING PERIOD FROM 05/01/2001 TO: 05/31/2001	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5844.00	20158.66	11.a.i.
ii. Unitemized	638.25	4839.30	11.a.ii.
iii. Total	9282.86	24997.96	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	40000.00	72100.00	11.c.
d. Total Contributions	49282.86	97087.66	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	50.37	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	33.78	180.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	49316.64	97328.33	19.
20. Total Federal Receipts	49316.64	97328.33	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	43500.00	82000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	43500.00	82000.00	30.
31. Total Federal Disbursements	43500.00	82000.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	49282.86	97087.66	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	49282.86	97087.66	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	50.37	36.
37. Net Operating Expenditures	0.00	-50.37	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 12
			FOR LINE NUMBER 11A1

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

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

Full Name, Mailing Address, and ZIP Code Ms. Barbara E. Bay 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 180.86
	Occupation Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 504.80		
Full Name, Mailing Address, and ZIP Code Ms. Jeanne E. Hoerick 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 229.18
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1145.80		
Full Name, Mailing Address, and ZIP Code Mr. Gary E. Hughes 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 256.66
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1283.30		
Full Name, Mailing Address, and ZIP Code Mr. Allen R. Caskie 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 73.34
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 366.70		
Full Name, Mailing Address, and ZIP Code Mr. Douglas P. Bates 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 108.50
	Occupation Director, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 542.50		
Full Name, Mailing Address, and ZIP Code Ms. Linda H. Cunningham 1001 Pennsylvania Avenue, NW Washington DC 20004	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 84.80
	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 424.00		
Full Name, Mailing Address, and ZIP Code Ms. Joanne S. Daly 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 150.00
	Occupation Vice President, Admin.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 12
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Mrs. Angela J. Arnett 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 84.10
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 470.50		
Full Name, Mailing Address, and ZIP Code Mr. Christopher L. Jacobs 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 40.80
	Occupation Director, Grassroots Program		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 204.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert S. McConaughy 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 126.26
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 631.30		
Full Name, Mailing Address, and ZIP Code Mr. J. Bruce Ferguson 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 61.88
	Occupation Deputy Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 308.40		
Full Name, Mailing Address, and ZIP Code Ms. Margaret A. Durbin 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 130.46
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 652.30		
Full Name, Mailing Address, and ZIP Code Mr. Mark R. Elam 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 343.78
	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1718.80		
Full Name, Mailing Address, and ZIP Code Mr. David M. Laifer 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 63.86
	Occupation Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 319.80		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		5 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Mr. David R. Wentworth 1001 Pennsylvania Avenue, NW Washington DC 20004-2599 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Managing Dir., Policy Research Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 60.00	
Full Name, Mailing Address, and ZIP Code Ms. Theresa Sorola 1001 Pennsylvania Avenue, NW Washington DC 20004-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Senior Counsel Aggregate Year-to-Date > \$ 294.60	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 58.92	
Full Name, Mailing Address, and ZIP Code Mr. C. Bryan Cox 3520 Broadway Kansas City MO 64111-2565 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Legislative Director Aggregate Year-to-Date > \$ 205.60	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 41.12	
Full Name, Mailing Address, and ZIP Code Ms. Linda L. Lanam 6610 West Broad Street Richmond VA 23230-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Vice President & Chief Counsel, State Aggregate Year-to-Date > \$ 520.35	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 60.00	
Full Name, Mailing Address, and ZIP Code Mr. Philmore B. Anderson 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Vice President, Federal Relations Aggregate Year-to-Date > \$ 1472.90	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 294.58	
Full Name, Mailing Address, and ZIP Code Mr. Donald G. Preston 1001 Pennsylvania Avenue, NW Washington DC 20004-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation State Representative Aggregate Year-to-Date > \$ 428.70	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 85.74	
Full Name, Mailing Address, and ZIP Code Ms. Laurie D. Lewis Washington DC 20004-2599 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurers Occupation Senior Counsel Aggregate Year-to-Date > \$ 715.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 715.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 12
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Mrs. Kimberly Dorgan 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 181.65
	Occupation Assistant Vice President	Aggregate Year-to-Date > \$ 558.30	
Full Name, Mailing Address, and ZIP Code Mr. J. Christopher Jankowski 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 58.14
	Occupation Counsel	Aggregate Year-to-Date > \$ 428.73	
Full Name, Mailing Address, and ZIP Code Mr. John H. Biggs 730 Third Avenue New York NY 10017-3206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Teachers Insurance and Annuity Associa.	Date (month, day, year) 05/11/2001	Amount of Each Receipt this Period 5000.00
	Occupation Chr, President & CEO	Aggregate Year-to-Date > \$ 5000.00	
Full Name, Mailing Address, and ZIP Code Mr. James B. Edwards 1001 Pennsylvania Avenue, NW Washington DC 20004-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 98.80
	Occupation Director, Political Affairs	Aggregate Year-to-Date > \$ 484.00	

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	8644.60

SCHEDULE A		ITEMIZED RECEIPTS		7 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code EQU-PAC Equitable PAC c/o Equitable Life Assurance Socie 1290 Avenue of the Americas New York NY 10104	Name of Employer EQU-PAC Equitable Assur PAC	Date (month, day, year) 05/11/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
Full Name, Mailing Address, and ZIP Code New York Life PAC 51 Madison Avenue New York NY 10010	Name of Employer New York Life PAC	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
Full Name, Mailing Address, and ZIP Code American Fidelity Corporation PAC P.O. Box 25523 Oklahoma City OK 73125	Name of Employer American Fidelity Corpora- tion PAC	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 3000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 3000.00				
Full Name, Mailing Address, and ZIP Code MONY PAC Broadway at 58th Street New York NY 10019	Name of Employer MONY PAC-Federal	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
Full Name, Mailing Address, and ZIP Code The Hartford Advocates Fund Hartford Plaza Hartford CT 06115	Name of Employer The Hartford Advocates Fu- nd	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
Full Name, Mailing Address, and ZIP Code Prudential Insurance Co. PAC 751 Board Street Newark NJ 07102-3777	Name of Employer Prudential Insurance PAC	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
Full Name, Mailing Address, and ZIP Code Mutual of Omaha Companies PAC Mutual of Omaha Plaza Omaha NE 68175	Name of Employer Mutual of Omaha Companies PAC (IMPAC)	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > \$ 5000.00				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		8 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code The Northwestern Mutual Life Federal PAC 720 E. Wisconsin Ave. Milwaukee WI 53202	Name of Employer The Northwestern Mutual Life Federal P	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > 5 5000.00		
Full Name, Mailing Address, and ZIP Code The Union Central Life Insura- nce Compa PAC 1676 Wraycross Road Cincinnati OH 45240	Name of Employer The Union Central Life In- surance Compa	Date (month, day, year) 05/30/2001	Amount of Each Receipt this Period 2000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > 5 2000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				40000.00

SCHEDULE A		ITEMIZED RECEIPTS		9 / 12
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Crestar Bank, N.A. 445 11th Street, NW Washington DC 20004	Name of Employer Crestar Bank N.A.	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 25.65	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > 5		131.88		
Full Name, Mailing Address, and ZIP Code Prudential Securities 1130 Connecticut Avenue, NW 11th Floor Washington DC 20036	Name of Employer Prudential Securities	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 8.12	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation			
Aggregate Year-to-Date > 5		48.14		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				33.78

SCHEDULE B		ITEMIZED DISBURSEMENTS		10 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code America's Foundation 126 North Columbus Street Alexandria VA 22314	Purpose of Disbursement Contribution: America's Founda- tion PAC (Contribution: America's Foundation PAC (PA-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Gramm Senate Re-Election Comm- ittee P.O. Box 565087 Dallas TX 75356	Purpose of Disbursement Contribution: Phil Gramm (TX-R) Contribution: Phil Gramm (TX-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code McConnell Senate Committee P.O. Box 1496 Louisville KY 40201	Purpose of Disbursement Contribution: Mitch McConnell (KY-R) Contribution: Mitch McConnell (KY-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Sessions for Senate 4131 Carmichael Road Montgomery AL 36106	Purpose of Disbursement Contribution: Jeff Sessions (A- L-R) Contribution: Jeff Sessions (AL-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Wayne Allard for Senate Commi- tee 507 Capitol Court NE Washington DC 20002	Purpose of Disbursement Contribution: Wayne Allard (CO- R) Contribution: Wayne Allard (CO-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Hutchinson for U.S. Senate 126 North 13th Street Rogers AR 72756	Purpose of Disbursement Contribution: Tim Hutchinson (AR-R) Contribution: Tim Hutchinson (AR-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Gordon Smith for U.S. Senate 5265 800 Meadows Road, #118 Lake Oswego OR 97035	Purpose of Disbursement Contribution: Gordon H. Smith (OR-R) Contribution: Gordon H. Smith (OR-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Grassley Committee PO Box 1000 Des Moines IA 50304	Purpose of Disbursement Contribution: Chuck Grassley (IA-R) Contribution: Chuck Grassley (IA-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Friends of Max Baucus Box 596 Helena MT 59624	Purpose of Disbursement Contribution: Max Baucus (MT-D) Contribution: Max Baucus (MT-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 12
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC					
Full Name, Mailing Address, and ZIP Code Leadership PAC 2002 515 King Street, Suite 420 Alexandria VA 22314		Purpose of Disbursement Contribution: Leadership PAC 2002 (VA-R) Contribution: Leadership PAC 2002 (VA-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code The Majority Leaders' Fund P.O. Box 995 Lewisville TX 75067-9921		Purpose of Disbursement Contribution: Majority Leaders' Fund (-R) Contribution: Majority Leaders' Fund (-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code American Success PAC 301 Park Center Drive Suite 1105 Alexandria VA 22302		Purpose of Disbursement Contribution: American Success PAC (DC-R) Contribution: American Success PAC (DC-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Committee to Preserve Capitalism P.O. Box 22614 Alexandria VA 22304		Purpose of Disbursement Contribution: Committee to Preserve Capitalism Contribution: Committee to Preserve Capitalism (-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Rely on Your Beliefs Fund PO Box 6412 Arlington VA 22205		Purpose of Disbursement Contribution: Rely on Your Beliefs Fund Contribution: Rely on Your Beliefs Fund (MO-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code Next American Century PAC 1155 21st Street, NW Washington DC 20036		Purpose of Disbursement Contribution: Next American Century PAC Contribution: Next American Century PAC (OH-12-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Re-Elect Nancy Johnson to Congress Committee PO Box 1996 New Britain CT 06050		Purpose of Disbursement Contribution: Nancy L. Johnson (CT-6-R) Contribution: Nancy L. Johnson (CT-6-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of Houghton Post Office Box 1107 Coming NY 14830		Purpose of Disbursement Contribution: Amo Houghton (NY-31-R) Contribution: Amo Houghton (NY-31-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of Sam Johnson PO Box 890096 Plano TX 75086		Purpose of Disbursement Contribution: Sam Johnson (TX-3-R) Contribution: Sam Johnson (TX-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary		Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)					
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SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 12
					FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC					
Full Name, Mailing Address, and ZIP Code Pickering for Congress 226 S Washington Street Suite 200 Alexandria VA 22314	Purpose of Disbursement Contribution: Chip W. Pickering, Jr. (MS) Contribution: Chip W. Pickering, Jr. (MS-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Bayou Leader PAC 524 Ft. Williams Parkway Alexandria VA 22304	Purpose of Disbursement Contribution: Bayou Leader PAC (VA-R) Contribution: Bayou Leader PAC (VA-R) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code Friends of Jim Maloney 20 E Main Street Suite 235 Waterbury CT 06702	Purpose of Disbursement Contribution: James H. Maloney (CT-5-D) Contribution: James H. Maloney (CT-5-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Menendez for Congress PO Box 848 Union City NJ 07087	Purpose of Disbursement Contribution: Robert Menendez (NJ-13-D) Contribution: Robert Menendez (NJ-13-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code Friends of Mark Foley P.O. Box 30505 Palm Beach Gardens FL 33420	Purpose of Disbursement Contribution: Mark A. Foley (FL-15-R) Contribution: Mark A. Foley (FL-15-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 05/10/2001	Amount of Each Disbursement This Period 1000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					43500.00