

**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 PAC

ADDRESS (number and street) 101 Constitution Avenue, NW
 Check if different than previously reported. (ACC) Washington DC 20001 2133

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00147066 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) Election on in the State of (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G) General (30G) Runoff (30R) Special (30S)

5. Covering Period 07 01 2002 through 07 31 2002

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. Brian Donnellan
 Signature of Treasurer Electronically Filed by Mr. Brian Donnellan Date 08 20 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Council of Life Insurers PAC

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h07 ^D31 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		96015.48
(b) Cash on Hand at Beginning of Reporting Period	63011.20	
(c) Total Receipts (from Line 19)	33271.71	131755.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96282.91	227770.68
7. Total Disbursements (from Line 30)	32900.00	164387.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63382.91	63382.91
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Council of Life Insurers PAC

Report Covering the Period: From: ^h07 ^d01 ^v2002 To: ^h07 ^d31 ^v2002

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	9015.72	
(i) Itemized (use Schedule A)	1730.74	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10746.46	43473.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	22500.00	88100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	33246.46	131573.71
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 36, page 4)	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.)	25.25	181.49
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	33271.71	131755.20
20. Total Federal Receipts (subtract Line 18 from Line 19)	33271.71	131755.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	31900.00	149547.77
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	340.00
(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	340.00
29. Other Disbursements.....	1000.00	14500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	32900.00	164387.77
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	32900.00	164387.77
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	33246.46	131573.71
33. Total Contribution Refunds (from Line 28(d)).....	0.00	340.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	33246.46	131233.71
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	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 5 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

A. Full Name (Last, First, Middle Initial)
Mr. Philmore B. Anderson

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004

Date of Receipt
N M / D E / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
40.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Vice President, Federal Relations

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2402.06

Cash

Transaction ID: R16687

B. Full Name (Last, First, Middle Initial)
Mr. Philmore B. Anderson

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004

Date of Receipt
N M / D E / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
294.59

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Vice President, Federal Relations

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2402.06

Manual Deduction

Transaction ID: R16803

C. Full Name (Last, First, Middle Initial)
Ms. Angela J. Ameli

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Date of Receipt
N M / D E / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
94.10

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Senior Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 658.70

Manual Deduction

Transaction ID: R16790

SUBTOTAL of Receipts This Page (optional) ▶ **428.68**

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 6 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Mr. Michael J. Bartholomew

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Associate Manager Check

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Transaction ID: R16680

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Bartholomew

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
20.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Associate Manager Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Transaction ID: R16789

C. Full Name (Last, First, Middle Initial)
Ms. Barbara E. Bey

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
80.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Vice President, Public Affairs Cash

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.72

Transaction ID: R16685

SUBTOTAL of Receipts This Page (optional) ▶ **160.00**

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 7 / 30

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Ms. Barbara E. Bey

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

City

State

Zip Code

Washington

DC

20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

180.96

Name of Employer
American Council of Life Insurance

Occupation
Vice President, Public Affairs

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1346.72

Transaction ID: R16780

Full Name (Last, First, Middle Initial)

B. Mr. John H. Biggs

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 12 / 2002

730 Third Avenue

City

State

Zip Code

New York

NY

10017-3206

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

5000.00

Name of Employer
Teachers Insurance and Annuity As-
sociation

Occupation
Chr. President & CEO

Check

Receipt For:

2002
Primary General
X Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Transaction ID: R16703

Full Name (Last, First, Middle Initial)

C. Ms. Cathleen Brady

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

Suite 500 South

City

State

Zip Code

Washington

DC

20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

28.18

Name of Employer
American Council of Life Insurance

Occupation
Counsel

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

595.20

Transaction ID: R16804

SUBTOTAL of Receipts This Page (optional) ▶ **5209.14**

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 8 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Mr. C. Bryan Cox

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Mailing Address
3520 Broadway

City State Zip Code
Kansas City MO 64111-2565

Amount of Each Receipt this Period
43.24

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Legislative Director

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.56

Transaction ID: R16801

B. Full Name (Last, First, Middle Initial)
Ms. Linda H. Cunningham

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004

Amount of Each Receipt this Period
84.80

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Director

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 593.60

Transaction ID: R16788

C. Full Name (Last, First, Middle Initial)
Ms. Joanne S. Daly

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Council of Life Insurance Vice President, Admin.

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2350.00

Transaction ID: R16757

SUBTOTAL of Receipts This Page (optional) ▶ **278.04**

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 9 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mr. Brian Donnellan

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
53.82

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurers Occupation: Assistant Treasurer Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.34

Transaction ID: R16814

Full Name (Last, First, Middle Initial)
B. Ms. Kimberly Dorgan

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
-2150.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Assistant Vice President Check

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3529.18

Transaction ID: R16750

Full Name (Last, First, Middle Initial)
C. Ms. Kimberly Dorgan

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
2150.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Assistant Vice President Check

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3529.18

Transaction ID: R16752

SUBTOTAL of Receipts This Page (optional) ▶ **53.62**

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 10 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Ms. Kimberly Dorgan Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1001 Pennsylvania Avenue, NW 07 31 2002
City State Zip Code
Washington DC 20004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 197.92
Name of Employer Occupation Manual Deduction
American Council of Life Insurance Assistant Vice President
Receipt For: Aggregate Year-to-Date ▼
Primary General 3529.18
Other (specify) ▼

Transaction ID: R16607

B. Mr. Mark R. Elm Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1001 Pennsylvania Avenue, NW 07 08 2002
City State Zip Code
Washington DC 20004-2599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00
Name of Employer Occupation Check
American Council of Life Insurance Chief Operating Officer
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2486.32

Transaction ID: R16678

C. Mr. Mark R. Elm Date of Receipt
Mailing Address N M / D E / Y Y Y Y
1001 Pennsylvania Avenue, NW 07 31 2002
City State Zip Code
Washington DC 20004-2599 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 343.78
Name of Employer Occupation Manual Deduction
American Council of Life Insurance Chief Operating Officer
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2486.32

Transaction ID: R16796

SUBTOTAL of Receipts This Page (optional) ▶ **621.68**
TOTAL This Period (last page this line number only) ▶

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

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

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

Full Name (Last, First, Middle Initial)
A. Mr. J. Bruce Ferguson

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
71.04

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Deputy Vice President Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 888.12

Transaction ID: R16793

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

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
40.25

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurers Occupation: Senior Editor Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 261.60

Transaction ID: R16810

Full Name (Last, First, Middle Initial)
C. Mr. James D. Hall

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
30.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Senior Counsel Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Transaction ID: R16798

SUBTOTAL of Receipts This Page (optional) ▶ **141.29**

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 12 / 30

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Ms. Camie Hartgen

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

City State Zip Code

Washington DC 20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 31.16

Name of Employer Occupation
American Council of Life Insurance Legislative Director

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 249.32

Transaction ID: R16616

Full Name (Last, First, Middle Initial)

B. Ms. Shawn Hausman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 08 / 2002

1001 Pennsylvania Avenue, NW

City State Zip Code

Washington DC 20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 40.00

Name of Employer Occupation
American Council of Life Insurers Director

Check

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 241.68

Transaction ID: R16673

Full Name (Last, First, Middle Initial)

C. Ms. Shawn Hausman

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

City State Zip Code

Washington DC 20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 28.98

Name of Employer Occupation
American Council of Life Insurers Director

Manual Deduction

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 241.68

Transaction ID: R16795

SUBTOTAL of Receipts This Page (optional) ▶ **100.12**

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"/> 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 PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jeanne E. Haenicke

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 229.16

Name of Employer Occupation Manual Deduction
American Council of Life Insurance Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1804.12

Transaction ID: R16782

B. Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 80.00

Name of Employer Occupation Cash
American Council of Life Insurance Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2206.62

Transaction ID: R16688

C. Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 258.68

Name of Employer Occupation Manual Deduction
American Council of Life Insurance Vice President

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2206.62

Transaction ID: R16783

SUBTOTAL of Receipts This Page (optional) ▶ **545.82**

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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

Full Name (Last, First, Middle Initial)
A. Mr. Christopher L. Jacobs

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
40.80

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Director, Grassroots Program Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.60

Transaction ID: R16792

Full Name (Last, First, Middle Initial)
B. Mr. J. Christopher Jankowski

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
98.14

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Counsel Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.98

Transaction ID: R16808

Full Name (Last, First, Middle Initial)
C. Ms. Linda L. Larsen

Mailing Address
6610 West Broad Street
City: Richmond State: VA Zip Code: 23230-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Vice President & Chief Counsel, State Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Transaction ID: R16802

SUBTOTAL of Receipts This Page (optional) ▶ **198.94**

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)

11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)

A. Mr. David M. Leifer

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

City

State

Zip Code

Washington

DC

20004-2599

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

88.18

Name of Employer
American Council of Life Insurance

Occupation
Counsel

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

473.04

Transaction ID: R16797

Full Name (Last, First, Middle Initial)

B. Peggy Miller

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 22 / 2002

101 Constitution Ave.

City

State

Zip Code

Washington

DC

20004

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
American Council of Life Insurers

Occupation
Assistant Director, Publishing

Check

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R16753

Full Name (Last, First, Middle Initial)

C. Ms. Michale Monkou

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
07 / 31 / 2002

1001 Pennsylvania Avenue, NW

City

State

Zip Code

Washington

DC

20004-1202

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

40.25

Name of Employer
American Council of Life Insurers

Occupation
Editor

Manual Deduction

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

281.80

Transaction ID: R16B12

SUBTOTAL of Receipts This Page (optional) ▶ **358.43**

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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

Full Name (Last, First, Middle Initial)
A. Mr. Donald G. Preston

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
91.88

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: State Representative
Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 837.02

Transaction ID: R16605

Full Name (Last, First, Middle Initial)
B. Mr. Ronald Reese

Mailing Address
101 Constitution Avenue, NW
City: Washington State: DC Zip Code: 20001

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
425.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Director, Political Affairs
Check

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 761.64

Transaction ID: R16671

Full Name (Last, First, Middle Initial)
C. Mr. Ronald Reese

Mailing Address
101 Constitution Avenue, NW
City: Washington State: DC Zip Code: 20001

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
84.18

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Director, Political Affairs
Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 761.64

Transaction ID: R16B17

SUBTOTAL of Receipts This Page (optional) ▶ **601.04**

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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 PAC

Full Name (Last, First, Middle Initial)
A. Ms. Theresa Sorola

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
185.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Senior Counsel Check

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.44

Transaction ID: R16684

Full Name (Last, First, Middle Initial)
B. Ms. Theresa Sorola

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-1202

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
56.92

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Senior Counsel Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1008.44

Transaction ID: R16800

Full Name (Last, First, Middle Initial)
C. Mr. David R. Wentworth

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Managing Dir., Policy Research Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Transaction ID: R16799

SUBTOTAL of Receipts This Page (optional) ▶ **301.92**

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

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

Full Name (Last, First, Middle Initial)
A. Mr. Carl B. Wilkerson

Mailing Address
1001 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
17.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Manual Deduction
American Council of Life Insurance Senior Counsel

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 294.00

Transaction ID: R16784

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	17.00
TOTAL This Period (last page this line number only)	▶	9015.72

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

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

Full Name (Last, First, Middle Initial)
A. Phoenix Companies PAC

Mailing Address
One American Row P.O. Box 5056
City State Zip Code
Hartford CT 06102-5056

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2500.00

Transaction ID: R16665

Full Name (Last, First, Middle Initial)
B. Union Central Life Insurer PAC

Mailing Address
1876 Waycross Road
City State Zip Code
Cincinnati OH 45240

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2000.00

Transaction ID: R16700

Full Name (Last, First, Middle Initial)
C. American Fidelity Corporation PAC

Mailing Address
P.O. Box 25523
City State Zip Code
Oklahoma City OK 73125

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
3000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
American Fidelity Corporation PAC
Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 3000.00

Transaction ID: R16754

SUBTOTAL of Receipts This Page (optional) ▶ **7500.00**

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 20 / 30	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. BMA PAC Federal PAC

Mailing Address
P.O. Box 45B
City State Zip Code
Kansas City MO 64141

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2002

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BMA-PAC Federal PAC

Check

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
5000.00

Transaction ID: R16670

Full Name (Last, First, Middle Initial)
B. Fortis PAC

Mailing Address
P.O. Box 3050
City State Zip Code
Milwaukee WI 53201-3050

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
3000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fortis PAC

Check

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
3000.00

Transaction ID: R16749

Full Name (Last, First, Middle Initial)
C. General American Life Federal PAC

Mailing Address
P.O. Box 396
City State Zip Code
St. Louis MO 63166

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2002

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
General American Life Associates PAC

Check

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
5000.00

Transaction ID: R16664

SUBTOTAL of Receipts This Page (optional) ▶ **13000.00**

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 21 / 30		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. SAFE PAC

Mailing Address
SAFECO Plaza

City State Zip Code
Seattle WA 98185

Date of Receipt
M / D / Y Y Y Y
07 / 09 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
2000.00

Name of Employer Occupation Check
SAFE-PAC

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2000.00

Transaction ID: R16695

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	22500.00

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

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

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Crestar Bank, N.A.

Mailing Address

445 11th Street, NW

City State Zip Code

Washington DC 20004

Date of Receipt

N M / D E / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period

22.48

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Crestar Bank N.A.

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
 Other (specify) ▼ 160.90

Transaction ID: R16818

Full Name (Last, First, Middle Initial)

B. Prudential Securities

Mailing Address

1130 Connecticut Avenue, NW 11th Floor

City State Zip Code

Washington DC 20036

Date of Receipt

N M / D E / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period

2.77

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Prudential Securities

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General
 Other (specify) ▼ 20.59

Transaction ID: R16819

C.

SUBTOTAL of Receipts This Page (optional)	▶	25.25
TOTAL This Period (last page this line number only)	▶	25.25

**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 23 / 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				

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

Full Name (Last, First, Middle Initial) A. Friends of Sessions Committee			Date of Disbursement 07 / 11 / 2002	
Mailing Address 900 Second Street, N.E. Suite 114 City State Zip Code Washington DC 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Jeff Sessions (AL-R)			Contribution: Jeff Sessions (AL-R)	
Candidate Name Jeff Sessions (AL-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8787		
State: AL District: 0				

Full Name (Last, First, Middle Initial) B. McConnell Senate Committee '02			Date of Disbursement 07 / 11 / 2002	
Mailing Address P.O. Box 1486 City State Zip Code Louisville KY 40201			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Mitch McConnell (KY-R)			Contribution: Mitch McConnell (KY-R)	
Candidate Name Mitch McConnell (KY-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8788		
State: KY District: 0				

Full Name (Last, First, Middle Initial) C. Talent for Senate			Date of Disbursement 07 / 11 / 2002	
Mailing Address 507 Capitol Court, NE #100 City State Zip Code Washington DC 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: James M. Talent (MO-2-R)			Contribution: James M. Talent (MO-2-R)	
Candidate Name James M. Talent (MO-2-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8789		
State: MO District: 2				

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)

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				

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

Full Name (Last, First, Middle Initial) A. Dole 2002 Committee			Date of Disbursement 07 / 11 / 2002	
Mailing Address P.O. Box 2109 City Salisbury State NC Zip Code 28145			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Elizabeth Dole (NC-??-R)			Contribution: Elizabeth Dole (NC-??-R)	
Candidate Name Elizabeth Dole (NC-??-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8800		
State: NC District: 0				

Full Name (Last, First, Middle Initial) B. Gordon Smith for U.S. Senate 2002			Date of Disbursement 07 / 11 / 2002	
Mailing Address 5005 SW Meadows Road City Lake Oswego State OR Zip Code 97035			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Gordon H. Smith (OR-R)			Contribution: Gordon H. Smith (OR-R)	
Candidate Name Gordon H. Smith (OR-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8802		
State: OR District:				

Full Name (Last, First, Middle Initial) C. Friends of John Boehner			Date of Disbursement 07 / 11 / 2002	
Mailing Address 7908-I Cincinnati Dayton Road City West Chester State OH Zip Code 45069			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution: John A. Boehner (OH-8-R)			Contribution: John A. Boehner (OH-8-R)	
Candidate Name John A. Boehner (OH-8-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8803		
State: OH District: 8				

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

PAGE 25 / 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				

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 PAC

Full Name (Last, First, Middle Initial) A. Alexander for Senate, Inc.			Date of Disbursement 07 / 12 / 2002	
Mailing Address 1130 8th Avenue, South City Nashville State TN Zip Code 37203			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Lamar Alexander (TN-??-R)			Contribution: Lamar Alexander (TN-??-R)	
Candidate Name Lamar Alexander (TN-??-R)		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: D8810	
State: TN District: 0				

Full Name (Last, First, Middle Initial) B. Cole for Congress			Date of Disbursement 07 / 22 / 2002	
Mailing Address P.O. Box 722256 City Norman State OK Zip Code 73070			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution: Tom Cole (OK-4-R)			Contribution: Tom Cole (OK-4-R)	
Candidate Name Tom Cole (OK-4-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: D8815	
State: OK District: 4				

Full Name (Last, First, Middle Initial) C. ACLI PAC Administrative Account			Date of Disbursement 07 / 24 / 2002	
Mailing Address 1D1 Constitution Ave., NW City Washington State DC Zip Code 20001			Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement Contribution: Patrick J. Tiberi (OH-12-R)			Contribution: Patrick J. Tiberi (OH-12-R)	
Candidate Name Patrick J. Tiberi (OH-12-R)		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: D8816	
State: OH District: 12				

SUBTOTAL of Disbursements This Page (optional) ▶	8400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(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				

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

Full Name (Last, First, Middle Initial) A. Committee to Reelect Ed Towns		Date of Disbursement 07 / 24 / 2002	
Mailing Address 360 Clinton Avenue Suite 6R City: Brooklyn State: NY Zip Code: 11238		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Edolphus Towns (NY-10-D)		Contribution: Edolphus Towns (NY-10-D)	
Candidate Name Edolphus Towns (NY-10-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8818	
State: NY District: 10			

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Date of Disbursement 07 / 24 / 2002	
Mailing Address PO Box 261060 City: Los Angeles State: CA Zip Code: 90026		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Xavier Becerra (CA-30-D)		Contribution: Xavier Becerra (CA-30-D)	
Candidate Name Xavier Becerra (CA-30-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8819	
State: CA District: 30			

Full Name (Last, First, Middle Initial) C. Gary Miller for Congress		Date of Disbursement 07 / 24 / 2002	
Mailing Address 721 S. Brea Canyon Road City: Diamond Bar State: CA Zip Code: 91789		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Gary G. Miller (CA-41-R)		Contribution: Gary G. Miller (CA-41-R)	
Candidate Name Gary G. Miller (CA-41-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D8820	
State: CA District: 41			

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

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

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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				

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

<p>A. Full Name (Last, First, Middle Initial) Bob Matsui for Congress Committee</p> <p>Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution: Robert T. Matsui (CA-5-D)</p> <p>Candidate Name Robert T. Matsui (CA-5-D)</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 5</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 07 / 24 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution: Robert T. Matsui (CA-5-D)</p> <p>Transaction ID: D8821</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Turner for Congress Committee</p> <p>Mailing Address 803 East Galind City Crockett State TX Zip Code 75836</p> <p>Purpose of Disbursement Contribution: Jim Turner (TX-2-D)</p> <p>Candidate Name Jim Turner (TX-2-D)</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Date of Disbursement 07 / 24 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution: Jim Turner (TX-2-D)</p> <p>Transaction ID: D8822</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership PAC 2002</p> <p>Mailing Address 515 King Street, Suite 420 City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution: Leadership PAC 2002 (VA-R)</p> <p>Candidate Name Leadership PAC 2002 (VA-R)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other</p>	<p>Date of Disbursement 07 / 24 / 2002</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution: Leadership PAC 2002 (VA-R)</p> <p>Transaction ID: D8823</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

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

Use separate schedule(s)
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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				

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

Full Name (Last, First, Middle Initial) A. Pryce Project		Date of Disbursement 07 / 24 / 2002	
Mailing Address 1200 Trinity Drive City: Alexandria State: VA Zip Code: 22314		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution: Pryce Project (OH-??-R)		Contribution: Pryce Project (OH-??-R)	
Candidate Name Pryce Project (OH-??-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID: D8825	
State: OH District: 15			

Full Name (Last, First, Middle Initial) B. Martin Frost Campaign Committee		Date of Disbursement 07 / 24 / 2002	
Mailing Address P O Box 4219 City: Dallas State: TX Zip Code: 75208		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Martin Frost (TX-24-D)		Contribution: Martin Frost (TX-24-D)	
Candidate Name Martin Frost (TX-24-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID: D8827	
State: TX District: 24			

Full Name (Last, First, Middle Initial) C. Ben Cardin for Congress		Date of Disbursement 07 / 24 / 2002	
Mailing Address 3D Ivy St., SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution: Benjamin L. Cardin (MD-3-D)		Contribution: Benjamin L. Cardin (MD-3-D)	
Candidate Name Benjamin L. Cardin (MD-3-D)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID: D8828	
State: MD District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

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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

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

Full Name (Last, First, Middle Initial) A. People with Hart		Date of Disbursement 07 ^N / 24 ^M / 2002 ^Y
Mailing Address 217 Executive Drive Suite 102 City State Zip Code Cranberry Township PA 18066		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Melissa A. Hart (PA-4-R)		Category/ Type Contribution: Melissa A. Hart (PA-4-R)
Candidate Name Melissa A. Hart (PA-4-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: D8829
State: PA District: 4		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	31900.00

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

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

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

Full Name (Last, First, Middle Initial) A. John Comyn for Senate, Inc.		Date of Disbursement 07 ^N / 11 ^M / 2002 ^Y	
Mailing Address P.O. Box 13026 City State Zip Code Austin TX 78711		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Contribution to non-federal candidate fo Candidate Name John Comyn (TX-R)		Category/ Type Contribution to non-federal candidate for John Comyn (TX-R)	
Office Sought: House Senate President State: TX District:	Disbursement For: 2002 Primary X General Other (specify) ▼		Transaction ID: D88D1

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00