

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

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

FOR LINE NUMBER: PAGE 16 / 29
(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 Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Donald G. Preston Jr.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77136643599
City	State	Zip Code
Washington	DC	20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.98
Name of Employer American Council of Life Insurers	Occupation Managing Director, Reinsurance	P/R Deduction (\$68.49 Semi-Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 734.20	

Full Name (Last, First, Middle Initial) B. Ms. Barbara A. Price		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: PR77136603599
City	State	Zip Code
Washington	DC	20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation VP, Legislative & Regulatory Informati	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Arthur F. Ryan		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 751 Broad Street		08 13 2005
City	State	Zip Code
Newark	NJ	07102-5714
FEC ID number of contributing federal political committee. C		Transaction ID: 7837064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer The Prudential Insurance Company of Am	Occupation Chr of the Bd & CEO	P/R Deduction (\$5000.00 Semi-Monthly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5176.98
TOTAL This Period (last page this line number only)	▶	