

**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
 Suite 700 West
 Washington DC 20001 - 2133
 Check if different than previously reported. (ACC)

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

C00147066

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) X Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
 Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 10 01 2003 through 10 31 2003

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 Richard I. Klein

Signature of Treasurer Electronically Filed by Richard I. Klein Date 02 06 2004

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Council of Life Insurers PAC

Report Covering the Period: From: ^M10 ^Y01 ^Y2003 To: ^M10 ^Y31 ^Y2003

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^Y 2003 | | 61278.63 |
| (b) Cash on Hand at Beginning of Reporting Period | 42936.77 | |
| (c) Total Receipts (from Line 19) | 40678.64 | 311104.01 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 63617.41 | 372382.64 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 14532.50 | 303297.73 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 69084.91 | 69084.91 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| <hr/> | | |
| 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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers PAC

Report Covering the Period: From: ^M10 ^D01 ^Y2003 To: ^M10 ^D31 ^Y2003

| 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 | | |
| (i) Itemized (use Schedule A) | 28388.77 | |
| (ii) Unitemized | 2879.54 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 31268.31 | 133119.52 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 9400.00 | 177850.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 40668.31 | 310969.52 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 10.33 | 134.49 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 40678.64 | 311104.01 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 40678.64 | 311104.01 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 32.50 | 125.50 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 32.50 | 125.50 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14500.00 | 291597.43 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 4400.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 4400.00 |
| 29. Other Disbursements..... | 0.00 | 7174.80 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 14532.50 | 303297.73 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 14532.50 | 303297.73 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 40668.31 | 310969.52 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 4400.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 40668.31 | 306569.52 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 32.50 | 125.50 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 32.50 | 125.50 |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 30 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms. Angela J. Amet | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18199 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 48.32 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 773.30 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Allen Alts, III | | Date of Receipt M / D / Y 10 / 02 / 2003 |
| Mailing Address 284B SW Plaza Ave | | Transaction ID: R18085 |
| City Topeka | State KS | Zip Code 66611 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer American Investors Life Insurance Comp | Occupation Executive Vice President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Michael J. Bartholomew | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18202 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 385.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 898.32 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 30 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms. Barbara A. Beavers | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Ave., NW Suite 700 West | | Transaction ID: R18203 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 12.50 |
| Name of Employer American Council of Life Insurers | Occupation Benefits Manager | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 237.50 | |

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. John D. Blackburn | | Date of Receipt M / D / Y 10 / 02 / 2003 |
| Mailing Address 20 Pinehurst Road | | Transaction ID: R18090 |
| City Lincoln | State IL | Zip Code 62656 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer COUNTRY Life Insurance Company | Occupation Chief Executive Officer | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Eugene Choate | | Date of Receipt M / D / Y 10 / 13 / 2003 |
| Mailing Address 821 Stone Edge Court | | Transaction ID: R181D1 |
| City Marietta | State GA | Zip Code 30068 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer Bankers Fidelity Life Insurance Company | Occupation President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 5512.50 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
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| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 30 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Graham J. Cook | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address 3124 Druid Hill Drive | | Transaction ID: R18180 |
| City Des Moines | State IA | Zip Code 50315 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Homesteaders Life Company | Occupation Chairman of the Board, President & Chairman | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. C. Bryan Cox | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18208 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 45.06 |
| Name of Employer American Council of Life Insurers | Occupation Senior Legislative Director | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.59 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Linda H. Cunningham | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18209 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 87.54 |
| Name of Employer American Council of Life Insurers | Occupation Director, Conference Development | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 875.41 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1132.80 |
| 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 | <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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Joanne S. Daly | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18210 |
| City State Zip Code Washington DC 20001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 150.00 |
| Name of Employer American Council of Life Insurers | Occupation Asst PAC Treasurer | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

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| Full Name (Last, First, Middle Initial) B. Ms. Kimberly Dorgan | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18213 |
| City State Zip Code Washington DC 20001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 260.42 |
| Name of Employer American Council of Life Insurers | Occupation Senior Vice President, Federal Relatio | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2604.20 | |

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| Full Name (Last, First, Middle Initial) C. Mr. Bill J. Elard | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address 5220 Spring Valley Road, #400 | | Transaction ID: R18176 |
| City State Zip Code Dallas TX 75240-2413 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 334.00 |
| Name of Employer National Teacher Associat- as Life Insur | Occupation Chairman of the Board | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 334.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 744.42 |
| 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 | <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. J. Bruce Ferguson | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18215 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 80.20 |
| Name of Employer American Council of Life Insurers | Occupation Senior Vice President, State Relations | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 802.01 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Michael Fink | | Date of Receipt M / D / Y 10 / 29 / 2003 |
| Mailing Address P.O. Box 149151 | | Transaction ID: R18101 |
| City Austin | State TX | Zip Code 78714-9151 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Citizens Insurance Company of America | Occupation Senior Vice President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert J. Gibbons | | Date of Receipt M / D / Y 10 / 13 / 2003 |
| Mailing Address 1905 Teal Road | | Transaction ID: R18100 |
| City Lafayette | State IN | Zip Code 47505-2225 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer The Lafayette Life Insurance Company | Occupation Chairman & CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1180.20 |
| 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. Morris Goff | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18217 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 59.58 |
| Name of Employer American Council of Life Insurers | Occupation Assistant Vice President, Tax | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 479.39 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. James D. Hall | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18218 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mark K. Hammond | | Date of Receipt M / D / Y 10 / 02 / 2003 |
| Mailing Address 28191 W Cedar Niles Circle | | Transaction ID: R18088 |
| City Olathe | State KS | Zip Code 66061 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer American Investors Life Insurance Comp | Occupation Executive Vice President & CFO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 889.58 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 12 / 30 | |
| | <input checked="" type="checkbox"/> 11a 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. James L. Hafin | | Date of Receipt M / D / Y 10 / 21 / 2003 |
| Mailing Address 1400 Classen Drive | | Transaction ID: R18173 |
| City Oklahoma City | State OK | Zip Code 73106-6614 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Banc One Insurance Holdings, Inc. | Occupation President & CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ms. Carrie A. Hutzan | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18219 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer American Council of Life Insurers | Occupation Legislative Director | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 213.88 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Shawn Hausman | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18220 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.12 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Public Affairs | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 301.21 | |

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|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2550.12 |
| 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 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. Mark V. Heitz | | Date of Receipt M / D / Y 10 / 02 / 2003 |
| Mailing Address 820 Yorkshire | | Transaction ID: R18087 |
| City Topeka | State KS | Zip Code 66603 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1650.00 |
| Name of Employer American Investors Life Insurance Comp | Occupation President & CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1650.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Gary E. Hughes | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18221 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 265.84 |
| Name of Employer American Council of Life Insurers | Occupation Senior Vice President & General Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2658.39 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Michael J. Hunter | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18222 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer American Council of Life Insurers | Occupation Executive Vice President & COO | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 2165.84 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 / 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. Christopher L. Jacobs | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18223 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.70 |
| Name of Employer American Council of Life Insurers | Occupation Chief Information Liason | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 417.01 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. Dennis L. Johnson, FLMI, CLU | | Date of Receipt M / D / Y 10 / 13 / 2003 |
| Mailing Address 1212 12th Avenue Road | | Transaction ID: R18102 |
| City Nampa | State ID | Zip Code 83651-6002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 45.00 |
| Name of Employer United Heritage Mutual Life Insurance | Occupation President and CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Frank Keating | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18225 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer American Council of Life Insurers | Occupation President & CEO | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 336.70 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Richard I. Klein | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 | | Transaction ID: R18226 |
| City State Zip Code Washington DC 20001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 80.00 |
| Name of Employer American Council of Life Insurers | Occupation Treasurer | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Linda L. Laxam | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18227 |
| City State Zip Code Washington DC 20001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 60.00 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Annuities | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. James T. Langham, Jr. | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address 5220 Spring Valley Road, #400 | | Transaction ID: R18174 |
| City State Zip Code Dallas TX 75240-2413 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 333.00 |
| Name of Employer National Teacher Associates Life Insur | Occupation Treasurer | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 333.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 473.00 |
| 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 16 / 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. David M. Leifer | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18228 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 79.96 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 762.40 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. James G. Lewis | | Date of Receipt M / D / Y 10 / 01 / 2003 |
| Mailing Address 480B Driftwood | | Transaction ID: R18076 |
| City Frisco | State TX | Zip Code 75034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Central Security Life Insurance Company | Occupation Executive Vice President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Daniel J. Mahoney | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18231 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 179.18 |
| Name of Employer American Council of Life Insurers | Occupation Sr. Vice President, Public Affairs and | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 895.80 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1259.12 |
| 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 17 / 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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Raymond J. Martin, Jr. | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address P. O. Box 802207 | | Transaction ID: R18177 |
| City Dallas | State TX | Zip Code 75380-2207 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 334.00 |
| Name of Employer National Teachers Associates Life Ins | Occupation President & Chief Executive Officer | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 334.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. David J. Mehle | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address P.O. Box 149151 | | Transaction ID: R18186 |
| City Austin | State TX | Zip Code 78714-9151 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Citizens Insurance Company of America | Occupation EVP, CFO and Treasurer | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Michael H. Miller | | Date of Receipt M / D / Y 10 / 02 / 2003 |
| Mailing Address 5104 Stone Wall Court | | Transaction ID: R18086 |
| City Lawrence | State KS | Zip Code 66047 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer American Investors Life Insurance Comp | Occupation Executive Vice President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 1634.00 |
| 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 18 / 30 | |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Brenda Nation | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18234 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 550.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Barbara A. Price | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18236 |
| City Washington | State DC | Zip Code 20001 |
| 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 Director, Legislative & Regulatory Inf | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 285.55 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. G. James Prieur | | Date of Receipt M / D / Y 10 / 08 / 2003 |
| Mailing Address One Sun Life Executive Park | | Transaction ID: R18087 |
| City Wellesley Hills | State MA | Zip Code 02181-5699 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Sun Life Financial | Occupation President & COO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 640.00 |
| 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 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

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ray A. Riley | | Date of Receipt M / D / Y 10 / 20 / 2003 |
| Mailing Address P.O. Box 149151 | | Transaction ID: R18190 |
| City Austin | State TX | Zip Code 78714-9151 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Citizens Insurance Company of America | Occupation Chief Operating Officer | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert C. Salisante | | Date of Receipt M / D / Y 10 / 10 / 2003 |
| Mailing Address 24 Sabrina Road | | Transaction ID: R18098 |
| City Wellesley | State MA | Zip Code 02482 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 3260.00 |
| Name of Employer Sun Life Financial | Occupation Insurance Executive | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3410.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Robert Schellhas | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18239 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 143.75 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Federal Relations | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2412.57 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 4003.75 |
| 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 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. Larry R. Silverstein | | Date of Receipt M / D / Y 10 / 27 / 2003 |
| Mailing Address 1905 Teal Road | | Transaction ID: R18181 |
| City Lafayette | State IN | Zip Code 47803-7007 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer The Lafayette Life Insurance Company | Occupation Vice President & Chief Underwriter | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Ms. Theresa Soroka | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18245 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 588.20 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 588.20 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Mr. Richard C. Vie | | Date of Receipt M / D / Y 10 / 16 / 2003 |
| Mailing Address One East Wacker Drive Suite 1000 | | Transaction ID: R18172 |
| City Chicago | State IL | Zip Code 60601-9888 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Unitrin Inc. | Occupation Chairman & CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1308.52 |
| 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 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. Richard C. Vie | | Date of Receipt M / D / Y 10 / 27 / 2003 |
| Mailing Address One East Wacker Drive Suite 1000 | | Transaction ID: R18184 |
| City Chicago | State IL | Zip Code 60601-9888 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Unitrin Inc. | Occupation Chairman & CEO | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3500.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Larry D. Welch | | Date of Receipt M / D / Y 10 / 28 / 2003 |
| Mailing Address P.O. Box 149151 | | Transaction ID: R18183 |
| City Austin | State TX | Zip Code 78714-9151 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Citizens Insurance Company of America | Occupation Vice President | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. David R. Wentworth | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18248 |
| City Washington | State DC | Zip Code 20001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer American Council of Life Insurers | Occupation Vice President, Research | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 3580.00 |
| 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 22 / 30 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Debra K. West | | Date of Receipt M / D / Y 10 / 31 / 2008 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Transaction ID: R18249 |
| City State Zip Code Washington DC 20001 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| Name of Employer American Council of Life Insurers | Occupation Senior Counsel & Director, Southern Re | Payroll Deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 100.00 |
| TOTAL This Period (last page this line number only) | ▶ | 28388.77 |

**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 23 / 30 | |
| | <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input checked="" 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. Calagne Life Re PAC | | Date of Receipt M / D / Y 10 / 13 / 2003 |
| Mailing Address P. O. Box 300 | | Transaction ID: R18099 |
| City Stamford | State CT | Zip Code 06904-0300 |
| FEC ID number of contributing federal political committee. C C00245001 | | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ELECT-PAC of the AL Farmers Federation | | Date of Receipt M / D / Y 10 / 14 / 2003 |
| Mailing Address P.O. Box 11023 | | Transaction ID: R18274 |
| City Montgomery | State AL | Zip Code 36191 |
| FEC ID number of contributing federal political committee. C CD0094573 | | Amount of Each Receipt this Period 3000.00 |
| Name of Employer | Occupation | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 3000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Educators Mutual PAC | | Date of Receipt M / D / Y 10 / 27 / 2003 |
| Mailing Address P.O. Box 83149 | | Transaction ID: R181B3 |
| City Lancaster | State PA | Zip Code 17608-5149 |
| FEC ID number of contributing federal political committee. C CD0294928 | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4500.00 |
| 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 24 / 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. STAN-PAC | | Date of Receipt M / D / Y 10 / 14 / 2003 |
| Mailing Address P.O. Box 711 (P17A) | | Transaction ID: R18104 |
| City Portland | State OR | Zip Code 97207 |
| FEC ID number of contributing federal political committee. C C00193169 | | Amount of Each Receipt this Period 4000.00 |
| Name of Employer | Occupation | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Trust PAC | | Date of Receipt M / D / Y 10 / 24 / 2003 |
| Mailing Address Trustmark Insurance Company 400 Field Drive | | Transaction ID: R18179 |
| City Lake Forest | State IL | Zip Code 60045 |
| FEC ID number of contributing federal political committee. C C00156168 | | Amount of Each Receipt this Period 900.00 |
| Name of Employer | Occupation | Check |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4000.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4900.00 |
| TOTAL This Period (last page this line number only) | ▶ | 9400.00 |

**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 25 / 30 | |
| | <input 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. Prudential Securities | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 113D Connecticut Avenue, NW 11th Floor | | Transaction ID: R18526 |
| City Washington | State DC | Zip Code 20006 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1.31 |
| Name of Employer | Occupation | Account Interest |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 13.88 | |

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Sun Trust Bank | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 445 11th Street, NW | | Transaction ID: R18529 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2.98 |
| Name of Employer | Occupation | Account Interest |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 40.17 | |

| | | |
|--|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. SunTrust Bank | | Date of Receipt M / D / Y 10 / 31 / 2003 |
| Mailing Address 445 11th Street, NW | | Transaction ID: R18523 |
| City Washington | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 6.04 |
| Name of Employer | Occupation | Account Interest |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 80.44 | |

| | | |
|---|---|--------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10.33 |
| TOTAL This Period (last page this line number only) | ▶ | 10.33 |

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

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

| | | | | |
|---|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) A. SunTrust Bank | | Transaction ID: D9367 Date of Disbursement 10 / 01 / 2003 | | |
| Mailing Address 445 11th Street, NW | | Amount of Each Disbursement this Period 30.00 | | |
| City Washington | State DC | | | Zip Code 20004 |
| Purpose of Disbursement Bank Charges-Stop Payment Fee | | | | Category/ Type |
| Candidate Name | | | | |
| Office Sought: House Senate President State: District | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | | | |
|---|---|---|--|-------------------|
| Full Name (Last, First, Middle Initial) B. SunTrust Bank | | Transaction ID: D9368 Date of Disbursement 10 / 21 / 2003 | | |
| Mailing Address 445 11th Street, NW | | Amount of Each Disbursement this Period 2.50 | | |
| City Washington | State DC | | | Zip Code 20004 |
| Purpose of Disbursement Bank Charges-Monthly Account Fee | | | | Category/ Type |
| Candidate Name | | | | |
| Office Sought: House Senate President State: District | Disbursement For: Primary General Other (specify) ▼ | | | |

| | | |
|---|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 32.50 |
| TOTAL This Period (last page this line number only) | ▶ | 32.50 |

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

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Barney Frank for Congress | | Transaction ID: D926D Date of Disbursement 10 / 22 / 2003 | |
| Mailing Address 38 Ivy Street, SE | | | |
| City Washington | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement Contr. | | Category/ Type | |
| Candidate Name Barney Frank | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President State: MA District: D4 | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ben Nelson for US Senate | | Transaction ID: D926E Date of Disbursement 10 / 22 / 2003 | |
| Mailing Address 426 C Street, NE | | | |
| City Washington | State DC | Zip Code 20002 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Contr. | | Category/ Type | |
| Candidate Name Ben Nelson | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: NE District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Bob Matsui for Congress Committee | | Transaction ID: D9265 Date of Disbursement 10 / 22 / 2003 | |
| Mailing Address 729 15th Street, NW Suite 300 | | | |
| City Washington | State DC | Zip Code 20005 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Contr. | | Category/ Type | |
| Candidate Name Robert T. Matsui | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: D5 | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |

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

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

| | | | | | | | | |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | PAGE 28 / 30 | | | |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b | | |

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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 Debt Retirement | | | Transaction ID: D9257 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 421 Fayetteville St Mall Suite 1111 | | | Amount of Each Disbursement this Period 2000.00 | | |
| City Raleigh | State NC | Zip Code 27601 | | | |
| Purpose of Disbursement 2002 Debt Retirement | | Category/ Type | | | |
| Candidate Name Elizabeth Dole | | | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | | | | |
| State: NC District | | | | | |

| | | | | | |
|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Carolyn McCarthy | | | Transaction ID: D9261 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 38 Ivy Street, SE | | | Amount of Each Disbursement this Period 1000.00 | | |
| City Washington | State DC | Zip Code 20003 | | | |
| Purpose of Disbursement Contr. | | Category/ Type | | | |
| Candidate Name Carolyn McCarthy | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | | | |
| State: NY District D4 | | | | | |

| | | | | | |
|--|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Hoyer for Congress | | | Transaction ID: D9259 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 7905 Malcolm Road Suite 102 | | | Amount of Each Disbursement this Period 1000.00 | | |
| City Clinton | State MD | Zip Code 20735 | | | |
| Purpose of Disbursement Contr. | | Category/ Type | | | |
| Candidate Name Steny H. Hoyer | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | | | |
| State: MD District 05 | | | | | |

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

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

| | | | | | | |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | | | | PAGE 29 / 30 |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |

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

| | | | | | |
|---|---|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Judd Gregg Committee | | | Transaction ID: D9264 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 1331 H Street, NW 12th Floor | | | Amount of Each Disbursement this Period 2000.00 | | |
| City Washington | State DC | Zip Code 20005 | | | |
| Purpose of Disbursement Contr. | | Category/ Type | | | |
| Candidate Name Judd Gregg | | | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | | | | |
| State: NH District | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. New Jersey State Democratic Party | | | Transaction ID: D9258 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 196 West State Street | | | Amount of Each Disbursement this Period 2000.00 | | |
| City Trenton | State NJ | Zip Code 08608 | | | |
| Purpose of Disbursement Contr. | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: House Senate President | Disbursement For: 2003 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼ | | | | |
| State: District | | | Other Contr. New Jersey State Democratic Party (NJ-D) | | |

| | | | | | |
|---|---|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. Pennsylvanians for Kanjorski | | | Transaction ID: D9258 Date of Disbursement 10 / 22 / 2003 | | |
| Mailing Address 128 South Franklin Street | | | Amount of Each Disbursement this Period 1000.00 | | |
| City Wilkes-Barre | State PA | Zip Code 18701 | | | |
| Purpose of Disbursement Contr. | | Category/ Type | | | |
| Candidate Name Paul E. Kanjorski | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | | | | |
| State: PA District 11 | | | | | |

| | | |
|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 5000.00 |
| 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 30 / 30

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Pomeroy for Congress | | Transaction ID: D9263 Date of Disbursement 10 / 22 / 2003 |
| Mailing Address Post Office Box 75214 | | Amount of Each Disbursement this Period 1500.00 |
| City Washington | State DC | |
| Zip Code 20013 | | |
| Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name Earl Pomeroy | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼ | |
| State: ND | District: D1 | |

| | | |
|---|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 14500.00 |