

**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 ZIPCODE

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)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	X 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 (12S)	

Election on _____ in the State of _____

(d) 30-Day Post-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
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Election on _____ in the State of _____

5. Covering Period 11 01 2003 through 11 30 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: ^M11 ^D01 ^Y2003 To: ^M11 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		61278.63
(b) Cash on Hand at Beginning of Reporting Period	69084.91	
(c) Total Receipts (from Line 19)	9311.80	320415.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78396.71	381694.44
<hr/>		
7. Total Disbursements (from Line 31)	39609.00	342906.73
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38787.71	38787.71
<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**

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Page 3

Write or Type Committee Name

American Council of Life Insurers PAC

Report Covering the Period: From: ^M11 ^D01 ^Y2003 To: ^M11 ^D30 ^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)	3728.18	
(ii) Unitemized	2272.88	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	6001.06	139120.58
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	3300.00	181150.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9301.06	320270.58
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.)	10.74	145.23
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))	9311.80	320415.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9311.80	320415.81

DETAILED SUMMARY PAGE

of Disbursements

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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.....	9.00	134.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9.00	134.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	329597.43
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.....	1600.00	8774.80
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))..	39609.00	342906.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39609.00	342906.73

DETAILED SUMMARY PAGE
of Disbursements

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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)	9301.06	320270.58
34. Total Contribution Refunds (from Line 28(d))	0.00	4400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9301.06	315870.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9.00	134.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9.00	134.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28	
	(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 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18535
City State Zip Code Washington DC 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 ▼ 821.62	

Full Name (Last, First, Middle Initial) B. Mr. Michael J. Bartholomee		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18537
City State Zip Code Washington DC 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 ▼ 415.00	

Full Name (Last, First, Middle Initial) C. Mr. G. Bryan Cox		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18542
City State Zip Code Washington DC 20001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.08
Name of Employer American Council of Life Insurers	Occupation Senior Legislative Director	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.65	

SUBTOTAL of Receipts This Page (optional)	▶	143.38
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 / 28	
	(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. Linda H. Cunningham		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18543
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 ▼ 662.95	

Full Name (Last, First, Middle Initial) B. Ms. Joanne S. Daly		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18544
City Washington	State DC	Zip Code 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 ▼ 1650.00	

Full Name (Last, First, Middle Initial) C. Ms. Kimberly Dorgan		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18547
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.42
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 ▼ 2884.62	

SUBTOTAL of Receipts This Page (optional)	497.98
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 8 / 28	
	(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. J. Bruce Ferguson		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18549
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 ▼ 882.21	

Full Name (Last, First, Middle Initial) B. Mr. Morris Goff		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18551
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 ▼ 538.97	

Full Name (Last, First, Middle Initial) C. Mr. James D. Hall		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18552
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 ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	169.78
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 / 28	
	<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. Ms. Camie A. Hartgen		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18553
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 ▼ 233.88	

Full Name (Last, First, Middle Initial) B. Ms. Shawn Hausman		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18554
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 ▼ 331.33	

Full Name (Last, First, Middle Initial) C. Mr. Gary E. Hughes		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18555
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.84
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 ▼ 2924.23	

SUBTOTAL of Receipts This Page (optional)	315.98
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 10 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Michael J. Hunter		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18556
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 ▼ 1750.00	

Full Name (Last, First, Middle Initial) B. Mr. Christopher L. Jacobs		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18557
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 Liasion	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.71	

Full Name (Last, First, Middle Initial) C. Frank Keating		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18559
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 ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	▶	541.70
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 / 28	
	<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 I. Klein		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R18560
City Washington	State DC	Zip Code 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 ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Ms. Linda L. Larsen		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18561
City Washington	State DC	Zip Code 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 ▼ 660.00	

Full Name (Last, First, Middle Initial) C. Mr. David M. Laffer		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18562
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 ▼ 842.36	

SUBTOTAL of Receipts This Page (optional)	219.96
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 / 28	
	<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. Daniel J. Mahoney		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18565
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 179.16
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 ▼ 1074.96	

Full Name (Last, First, Middle Initial) B. Mr. John W. Mangen, CEBS		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 285D SW Montgomery Drive		Transaction ID: R18566
City Portland	State OR	Zip Code 97201
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 Director, Pacific Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Ms. Roberta B. Meyer		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18567
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 Senior Counsel, Risk Classification	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	249.16
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 28	
	<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. Brenda Nation		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18568
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 ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Ms. Barbara A. Price		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18570
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 ▼ 305.55	

Full Name (Last, First, Middle Initial) C. Mr. Thomas E. Rattmann		Date of Receipt M / D / Y 11 / 10 / 2003
Mailing Address 838 Overbrook Drive		Transaction ID: R18252
City Vestal	State NY	Zip Code 13850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer Columbian Mutual Life Insurance Compan	Occupation President & CEO	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)	▶	1265.00
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 14 / 28	
	<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. Ms. Kathryn A. Ricard		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R18572
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 Vice President, Retirement & Pensions	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Ms. Theresa Soroka		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18578
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.62
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 644.82	

Full Name (Last, First, Middle Initial) C. Mr. Kristopher W. Waesterman		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R18580
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.68
Name of Employer American Council of Life Insurers	Occupation Programmer & Project Manager	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.64	

SUBTOTAL of Receipts This Page (optional)	165.28
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 / 28	
	(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. David R. Wentworth		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18581
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, Research	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) B. Debra K. West		Date of Receipt M / D / Y 11 / 26 / 2003
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R18582
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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
TOTAL This Period (last page this line number only)	▶	3728.18

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Modern Woodmen of America PAC		Date of Receipt M / D / Y 11 / 13 / 2003
Mailing Address Mississippi River and 17th Street		Transaction ID: R18481
City Rock Island	State IL	Zip Code 61201
FEC ID number of contributing federal political committee. C C00184382		Amount of Each Receipt this Period 3300.00
Name of Employer	Occupation	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	3300.00

**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 17 / 28	
	<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 11 / 28 / 2003
Mailing Address 113D Connecticut Avenue, NW 11th Floor		Transaction ID: R18585
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.50
Name of Employer	Occupation	Account Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15.38	

Full Name (Last, First, Middle Initial) B. Sun Trust Bank		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 445 11th Street, NW		Transaction ID: R18587
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2.97
Name of Employer	Occupation	Account Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 43.14	

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Receipt M / D / Y 11 / 28 / 2003
Mailing Address 445 11th Street, NW		Transaction ID: R18586
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.27
Name of Employer	Occupation	Account Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 88.71	

SUBTOTAL of Receipts This Page (optional)	▶	10.74
TOTAL This Period (last page this line number only)	▶	10.74

**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 18 / 28
	<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: D937D Date of Disbursement 11 / 18 / 2003		
Mailing Address 445 11th Street, NW		Amount of Each Disbursement this Period 6.50		
City Washington	State DC			Zip Code 20004
Purpose of Disbursement Bank Charges				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: D9369 Date of Disbursement 11 / 24 / 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)	▶	9.00
TOTAL This Period (last page this line number only)	▶	9.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 28			
	<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. Barrett for Congress		Transaction ID: D9304 Date of Disbursement 11 / 19 / 2003	
Mailing Address P.O. Box 869			
City Westminster	State SC	Zip Code 29693	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contr.		Category/ Type	
Candidate Name Gresham Barrett			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: SC District: D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Blue Dog PAC		Transaction ID: D9303 Date of Disbursement 11 / 19 / 2003	
Mailing Address 227 Massachusetts Ave, NE Suite 101			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. Blue Dog PAC (-D)		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

Full Name (Last, First, Middle Initial) C. Blue Grass Committee		Transaction ID: D9300 Date of Disbursement 11 / 19 / 2003	
Mailing Address 400 N. Capitol Street Suite 485			
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr. Bluegrass Committee (DC-R)		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Other		

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 20 / 28			
	<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. Buyer for Congress		Transaction ID: D9295 Date of Disbursement 11 / 19 / 2003	
Mailing Address P.O. Box 712			
City Monticello	State IN	Zip Code 47980	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr.		Category/ Type	
Candidate Name Steve Buyer			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: D4		

Full Name (Last, First, Middle Initial) B. CHRIS PAC		Transaction ID: D9302 Date of Disbursement 11 / 19 / 2003	
Mailing Address 236 Massachusetts Avenue, NE Suite 310			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Contr. CHRIS PAC (DC-D)		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State:	District		

Full Name (Last, First, Middle Initial) C. Chafee US Senate		Transaction ID: D9291 Date of Disbursement 11 / 19 / 2003	
Mailing Address P.O. Box 7329			
City Warwick	State RI	Zip Code 02887	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contr.		Category/ Type	
Candidate Name Lincoln D. Chafee			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: RI	District		

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 21 / 28			
	<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. Evan Bayh Committee			Transaction ID: D9296 Date of Disbursement 11 / 19 / 2003		
Mailing Address 420 C Street, NE			Amount of Each Disbursement this Period 2000.00		
City Washington	State DC	Zip Code 20002			
Purpose of Disbursement Contr.		Category/ Type			
Candidate Name Evan Bayh					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼				
State: IN	District				

Full Name (Last, First, Middle Initial) B. FRONTLINE Democrats			Transaction ID: D9298 Date of Disbursement 11 / 19 / 2003		
Mailing Address 499 South Capitol Street, SW			Amount of Each Disbursement this Period 5000.00		
City Washington	State DC	Zip Code 20003			
Purpose of Disbursement Contr. FRONTLINE Democrats (DC-D)		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼				
State:	District	Other			

Full Name (Last, First, Middle Initial) C. First State PAC			Transaction ID: D9290 Date of Disbursement 11 / 19 / 2003		
Mailing Address 428 C Street, NE			Amount of Each Disbursement this Period 2500.00		
City Washington	State DC	Zip Code 20002			
Purpose of Disbursement Contr. First State PAC (DC-D)		Category/ Type			
Candidate Name					
Office Sought: House Senate President	Disbursement For: 2003 Primary General <input checked="" type="checkbox"/> Other (specify) ▼				
State:	District	Other			

SUBTOTAL of Disbursements This Page (optional)	▶	9500.00
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 22 / 28
	<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. Friends for Harry Reid			Transaction ID: D9297 Date of Disbursement 11 / 19 / 2003			
Mailing Address 422 C Street, NE Lower Level			Amount of Each Disbursement this Period 1000.00			
City Washington	State DC	Zip Code 20002			Category/ Type	
Purpose of Disbursement Contr.						
Candidate Name Harry Reid						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: NV District						

Full Name (Last, First, Middle Initial) B. Friends of Chris Dodd 2004			Transaction ID: D9292 Date of Disbursement 11 / 19 / 2003			
Mailing Address 236 Massachusetts Ave, NE Suite 209			Amount of Each Disbursement this Period 1000.00			
City Washington	State DC	Zip Code 20002			Category/ Type	
Purpose of Disbursement Contr.						
Candidate Name Christopher J. Dodd						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: CT District						

Full Name (Last, First, Middle Initial) C. Catering by Windows			Transaction ID: D9285 Date of Disbursement 11 / 17 / 2003			
Mailing Address 1125 North Royal Street			Amount of Each Disbursement this Period 1486.19			
City Alexandria	State VA	Zip Code 22314			Category/ Type	
Purpose of Disbursement In-Kind						
Candidate Name Ernest J. Istook, Jr.						
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼					
State: OK District 05						

SUBTOTAL of Disbursements This Page (optional)	▶	3486.19
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 23 / 28	
	<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. Friends of Ernest Istook		Transaction ID: D9299 Date of Disbursement 11 / 19 / 2003	
Mailing Address 3323 N. Washington Blvd.		Amount of Each Disbursement this Period 513.81	
City Arlington	State VA	Zip Code 22201	Category/ Type
Purpose of Disbursement Contr.		Candidate Name Ernest J. Istook, Jr.	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OK	District: D5		

Full Name (Last, First, Middle Initial) B. Friends of Jeb Hensarling		Transaction ID: D9305 Date of Disbursement 11 / 19 / 2003	
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 2000.00	
City Dallas	State TX	Zip Code 75382	Category/ Type
Purpose of Disbursement Contr.		Candidate Name Jeb Hensarling	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: TX	District: D5		

Full Name (Last, First, Middle Initial) C. Hooley for Congress		Transaction ID: D9289 Date of Disbursement 11 / 19 / 2003	
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00	
City Salem	State OR	Zip Code 97308	Category/ Type
Purpose of Disbursement Contr.		Candidate Name Darlene Hooley	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR	District: D5		

SUBTOTAL of Disbursements This Page (optional)	▶	3513.81
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 / 28
	<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. Jon Kyl for U.S. Senate		Transaction ID: D9287 Date of Disbursement 11 / 19 / 2003
Mailing Address 507 Capitol Court, NE Suite 10D		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Contr.		
Candidate Name Jon Kyl		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Category/ Type
State: AZ District		

Full Name (Last, First, Middle Initial) B. Linder for Congress		Transaction ID: D9283 Date of Disbursement 11 / 19 / 2003
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period 1000.00
City Duluth	State GA Zip Code 30006	
Purpose of Disbursement Contr.		
Candidate Name John Linder		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Category/ Type
State: GA District 07		

Full Name (Last, First, Middle Initial) C. Louise Slaughter Re-Election Committee		Transaction ID: D9301 Date of Disbursement 11 / 19 / 2003
Mailing Address PO Box 366		Amount of Each Disbursement this Period 1000.00
City Fairport	State NY Zip Code 14450	
Purpose of Disbursement Contr.		
Candidate Name Louise M. Slaughter		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Category/ Type
State: NY District 28		

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 25 / 28			
	<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. Lucas for Congress		Transaction ID: D9294 Date of Disbursement 11 / 19 / 2003	
Mailing Address 499 South Capitol Street, SW Suite 103		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20003	Category/ Type
Purpose of Disbursement Contr.		Candidate Name Ken Lucas	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY	District: D4		

Full Name (Last, First, Middle Initial) B. NRSC		Transaction ID: D9308 Date of Disbursement 11 / 19 / 2003	
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period 7500.00	
City Washington	State DC	Zip Code 20002	Category/ Type
Purpose of Disbursement Contr. NRSC (R)		Candidate Name	
Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State:	District		

Full Name (Last, First, Middle Initial) C. PRYCE Project		Transaction ID: D9309 Date of Disbursement 11 / 19 / 2003	
Mailing Address 2042 Peach Orchard Drive Suite 316		Amount of Each Disbursement this Period 1000.00	
City Falls Church	State VA	Zip Code 22043	Category/ Type
Purpose of Disbursement Contr. Pryce Projct (OH-R)		Candidate Name	
Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Other (specify) ▼ Other		
State:	District		

SUBTOTAL of Disbursements This Page (optional)	▶	9500.00
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 26 / 28

<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. Team Emerson		Transaction ID: D9286 Date of Disbursement 11 / 19 / 2003
Mailing Address Attn: Ekem and Company 1310 G Street, NW, Suite 600		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20005	Category/ Type	
Purpose of Disbursement Contr.		
Candidate Name Jo Ann Emerson		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: D8	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	38000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 27 / 28
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" 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. Bill Keffer Campaign		Transaction ID: D9315 Date of Disbursement 11 / 24 / 2003
Mailing Address 203 Lake Ridge Village #116		Amount of Each Disbursement this Period 300.00
City Dallas	State TX Zip Code 75238	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Non-federal contribution to Bill R. Keffer (TX-107-R)
State: District	Category/Type	

Full Name (Last, First, Middle Initial) B. Joe Driver Campaign		Transaction ID: D9271 Date of Disbursement 11 / 13 / 2003
Mailing Address 201 S. Glenbrook		Amount of Each Disbursement this Period 300.00
City Garland	State TX Zip Code 75040	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Non-federal contribution to Joe Driver (TX-113-R)
State: District	Category/Type	

Full Name (Last, First, Middle Initial) C. John Carona Campaign		Transaction ID: D9270 Date of Disbursement 11 / 13 / 2003
Mailing Address P. O. Box 800035		Amount of Each Disbursement this Period 500.00
City Dallas	State TX Zip Code 75280-0035	
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Non-federal contribution to John J. Carona (TX-18-R)
State: District	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	▶	1100.00
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 / 28

<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	<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. Kim Brimer Campaign		Transaction ID: D9269 Date of Disbursement 11 / 13 / 2003
Mailing Address 1600 W. 7th Street Suite 65D		Amount of Each Disbursement this Period 500.00
City Ft. Worth	State TX Zip Code 76102	
Purpose of Disbursement		Non-federal contribution to Kim Brimer (TX-10-R)
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	
Category/Type		

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	1600.00