

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 12
01/14/2000 13 : 14

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

4. TYPE OF REPORT

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/01/1999</u> through <u>11/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		31091.31
(b) Cash on Hand at Beginning of Reporting Period	106326.35	
(c) Total Receipts (from line 19)	16724.77	303756.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123051.12	334848.12
7. Total Disbursements (from line 30)	17500.00	228287.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	105551.12	105551.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Ms. Megan Brand		
Signature of Treasurer	Date 12/20/1999	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Council of Life Insurance PAC		REPORT COVERING PERIOD FROM 11/01/1999 TO: 11/30/1999	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5162.66	50141.83	11.a.i.
ii. Unitemized	1289.22	36362.91	11.a.ii.
iii. Total	6452.08	86504.74	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	10000.00	211350.00	11.c.
d. Total Contributions	16452.08	297854.74	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	272.69	5902.07	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	16724.77	303756.81	19.
20. Total Federal Receipts	16724.77	303756.81	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	17500.00	227297.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	-10000.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	500.00	28.c.
d. Total Contributions Refunds	0.00	-9500.00	28.d.
29. Other Disbursements	0.00	11500.00	29.
30. Total Disbursements	17500.00	229297.00	30.
31. Total Federal Disbursements	17500.00	229297.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	16452.08	297854.74	32.
33. Total Contribution Refunds (from line 28d)	0.00	-9500.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	16452.08	307354.74	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

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

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

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

Full Name, Mailing Address, and ZIP Code Mr. Hayne Hipp P. O. Box 788 Greenville SC 29602-0788	Name of Employer Liberty Life Insurance	Date (month, day, year) 11/11/1998	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Jerald E. Sourdif 825 Fourth Avenue South Minneapolis MN 55415-1824	Name of Employer Lutheran Brotherhood	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period 150.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Bruce J. Nicholson 9607 Briar Circle Bloomington MN 55437	Name of Employer Lutheran Brotherhood	Date (month, day, year) 11/24/1998	Amount of Each Receipt this Period 500.00
	Occupation Executive VP and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara E. Bey Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 159.08
	Occupation Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1745.12		
Full Name, Mailing Address, and ZIP Code Mr. Stanton L. Cole Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 50.00
	Occupation Actuary		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Ms. Jeanne E. Hoernicke Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 178.48
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1829.79		
Full Name, Mailing Address, and ZIP Code Mr. Gary E. Hughes Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1998	Amount of Each Receipt this Period 202.86
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2220.54		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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

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

Full Name, Mailing Address, and ZIP Code Mr. Allen R. Caskie Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 70.82
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 777.53		
Full Name, Mailing Address, and ZIP Code Mr. Douglas P. Bates Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 80.00
	Occupation Director, Federal Relations		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 880.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert P. Gandrud 625 Fourth Avenue, South Minneapolis MN 55415-1624	Name of Employer Lutheran Brotherhood	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period 500.00
	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Linda H. Cunningham 1001 Pennsylvania Avenue, NW Washington DC 20004	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 78.38
	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 861.49		
Full Name, Mailing Address, and ZIP Code Ms. Joanne S. Daly Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 150.00
	Occupation Vice President, Admin.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1650.00		
Full Name, Mailing Address, and ZIP Code Ms. Roberta B. Meyer 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 20.00
	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mr. Michael J. Bartholomew 1001 Pennsylvania Avenue, NW Washington DC 20004	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 20.00
	Occupation Associate Manager		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	5 / 12
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC					
Full Name, Mailing Address, and ZIP Code Ms. Angela J. Arnett Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 87.54		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Counsel	Aggregate Year-to-Date > \$ 561.25			
Full Name, Mailing Address, and ZIP Code Ms. Mary E. G. Stevens 1001 Pennsylvania Avenue, NW Washington DC 20004-1202	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 31.16		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Counsel	Aggregate Year-to-Date > \$ 341.62			
Full Name, Mailing Address, and ZIP Code Mr. Christopher L. Jacobs Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 34.84		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director, Grassroots Program	Aggregate Year-to-Date > \$ 382.35			
Full Name, Mailing Address, and ZIP Code Mr. Robert S. McConraughey Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 121.66		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Counsel	Aggregate Year-to-Date > \$ 1336.41			
Full Name, Mailing Address, and ZIP Code Mr. J. Bruce Ferguson 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 52.70		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Deputy Vice President	Aggregate Year-to-Date > \$ 527.00			
Full Name, Mailing Address, and ZIP Code Ms. Margaret A. Durbin Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 130.46		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Counsel	Aggregate Year-to-Date > \$ 1435.06			
Full Name, Mailing Address, and ZIP Code Mr. Mark R. Elam Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 220.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chief Operating Officer	Aggregate Year-to-Date > \$ 2420.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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

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

Full Name, Mailing Address, and ZIP Code Mr. Robert K. Arensberg 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 85.85
	Occupation Director, Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 524.68		
Full Name, Mailing Address, and ZIP Code Mr. David M. Leifer 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 58.08
	Occupation Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 638.04		
Full Name, Mailing Address, and ZIP Code Mr. James D. Hal 1001 Pennsylvania Avenue, NW Washington DC 20004	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 30.00
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Mr. David R. Wentworth Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 60.00
	Occupation Managing Dir., Policy Research		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 690.00		
Full Name, Mailing Address, and ZIP Code Ms. Theresa Sorola 1001 Pennsylvania Avenue, NW Washington DC 20004-1202	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 50.42
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 553.47		
Full Name, Mailing Address, and ZIP Code Mr. C. Bryan Cox 3520 Broadway Kansas City MO 64111-2565	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 38.12
	Occupation Legislative Director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 397.32		
Full Name, Mailing Address, and ZIP Code Ms. Linda L. Lanam 6610 West Broad Street Richmond VA 23230-1202	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 134.66
	Occupation Vice President & Chief Counsel, State		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1490.28		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		7 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Mr. Philmore B. Anderson 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Vice President, Federal Relations Aggregate Year-to-Date > \$ 2449.27	Date (month, day, year) 11/30/1998	Amount of Each Receipt this Period 231.45	
Full Name, Mailing Address, and ZIP Code Ms. Cathleen Brady 1001 Pennsylvania Avenue, NW Suite 500 South Washington DC 20004-2599 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Counsel Aggregate Year-to-Date > \$ 403.26	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 38.88	
Full Name, Mailing Address, and ZIP Code Mr. Donald G. Preston 1001 Pennsylvania Avenue, NW Washington DC 20004-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation State Representative Aggregate Year-to-Date > \$ 891.34	Date (month, day, year) 11/30/1998	Amount of Each Receipt this Period 68.26	
Full Name, Mailing Address, and ZIP Code Mr. L. Bradley Smith 1001 Pennsylvania Avenue, NW Washington DC 20004-2599 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Director, Intl. Relations Aggregate Year-to-Date > \$ 806.74	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 73.34	
Full Name, Mailing Address, and ZIP Code Ms. Kimberly Dorgan 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Assistant Vice President Aggregate Year-to-Date > \$ 1328.10	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 177.08	
Full Name, Mailing Address, and ZIP Code Mr. J. Christopher Jankowski 1001 Pennsylvania Avenue, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Counsel Aggregate Year-to-Date > \$ 805.64	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 55.20	
Full Name, Mailing Address, and ZIP Code Mr. Robert G. Sweeney 1001 Pennsylvania Avenue, NW Washington DC 20004-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance Occupation Counsel Aggregate Year-to-Date > \$ 238.28	Date (month, day, year) 11/30/1998	Amount of Each Receipt this Period 21.86	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		8 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Ms. Ann L. Combs 1001 Pennsylvania Avenue, NW Washington DC 20004		Name of Employer American Council of Life Insurance Occupation Vice President & Chief Counsel		Date (month, day, year) 11/30/1999 Amount of Each Receipt This Period 208.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > 5 1118.80		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				5162.86

SCHEDULE A		ITEMIZED RECEIPTS		9 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code PrinPAC 711 High Street Des Moines IA 50392	Name of Employer PrinPAC	Date (month, day, year) 11/04/1999	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation c/o Principal Financial Group	Aggregate Year-to-Date > \$ 7500.00		
Full Name, Mailing Address, and ZIP Code PrinPAC 711 High Street Des Moines IA 50392	Name of Employer PrinPAC	Date (month, day, year) 11/11/1999	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation c/o Principal Financial Group	Aggregate Year-to-Date > \$ 7500.00		
Full Name, Mailing Address, and ZIP Code ReliaStar Federal PAC P. O. Box 20 Minneapolis MN 55440-0020	Name of Employer ReliaStar Federal PAC	Date (month, day, year) 11/04/1999	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date > \$ 5000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				10000.00

SCHEDULE A		ITEMIZED RECEIPTS		10 / 12
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Dee Owens 445 11th Street, NW Washington DC 20004	Name of Employer Crestar Bank N.A.	Date (month, day, year) 11/30/1999	Amount of Each Receipt This Period 272.69	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Account Representative	Aggregate Year-to-Date > 5 5502.07		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				272.69

SCHEDULE B		ITEMIZED DISBURSEMENTS		11 / 12
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC				
Full Name, Mailing Address, and ZIP Code Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston MA 02205-5832	Purpose of Disbursement (House - MA - 9) Contribution: John Joseph Moakley (MA-9)	Date (month, day, year) 11/03/1998 Contribution: John Joseph Moakley (MA-9-D)	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Dave Camp for Congress 4451 Brookfield Corporate Drive, S Chantilly VA 20151-1852	Purpose of Disbursement (House - MI - 4) Contribution: Dave L. Camp (MI-4-R)	Date (month, day, year) 11/03/1998 Contribution: Dave L. Camp (MI-4-R)	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Andrews for Congress Committee P.O. Box 295 Oaklyn NJ 08107	Purpose of Disbursement (House - NJ - 1) Contribution: Robert E. Andrews (NJ-1-D)	Date (month, day, year) 11/03/1998 Contribution: Robert E. Andrews (NJ-1-D)	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Pioneer PAC 811 Pennsylvania Ave., SE PMB 272 Washington DC 20005-4305	Purpose of Disbursement (- OH - 12) Contribution: Pioneer PAC (OH-12-R)	Date (month, day, year) 11/03/1998 Contribution: Pioneer PAC (OH-12-R)	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Other			
Full Name, Mailing Address, and ZIP Code Schumer for Senate 80 Madison Avenue #1201 New York NY 10010	Purpose of Disbursement (Senate - NY - 0) Contribution: Charles E. Schumer (NY-D)	Date (month, day, year) 11/04/1998 Contribution: Charles E. Schumer (NY-D)	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Ben Cardin for Congress 100 East Pratt Street, 27th Floor Baltimore MD 21202	Purpose of Disbursement (House - MD - 3) Contribution: Benjamin L. Cardin (MD-3-D)	Date (month, day, year) 11/04/1998 Contribution: Benjamin L. Cardin (MD-3-D)	Amount of Each Disbursement This Period 2500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Bob Kerrey for U.S. Senate 3412 P Street, NW Washington DC 20007	Purpose of Disbursement (Senate - NE - 0) Contribution: Bob Kerrey (NE-D)	Date (month, day, year) 11/04/1998 Contribution: Bob Kerrey (NE-D)	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General			
Full Name, Mailing Address, and ZIP Code Friends of Kent Conrad P.O. Box 812 Bismarck ND 58502	Purpose of Disbursement (Senate - ND - 0) Contribution: Kent Conrad (ND-D)	Date (month, day, year) 11/04/1998 Contribution: Kent Conrad (ND-D)	Amount of Each Disbursement This Period 1000.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
Full Name, Mailing Address, and ZIP Code Boyd for Congress Committee P.O. Box 2884 Washington DC 20015	Purpose of Disbursement (House - FL - 2) Contribution: Allen Boyd (FL-2-D)	Date (month, day, year) 11/04/1998 Contribution: Allen Boyd (FL-2-D)	Amount of Each Disbursement This Period 500.00	
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary			
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 12
				FOR LINE NUMBER	23
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC					
Full Name, Mailing Address, and ZIP Code Bart Gordon Committee P.O. Box 20008 Murfreesboro TN 37133	Purpose of Disbursement (House - TN - 6) Contribution: Bart Gordon (TN-6-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 1000.00	Contribution: Bart Gordon (TN-6-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
Full Name, Mailing Address, and ZIP Code Lieberman 2000 Committee P.O. Box 23129 State House Square Hartford CT 06123	Purpose of Disbursement (Senate - CT - 0) Contribution: Joseph I. Lieberman (CT-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 2500.00	Contribution: Joseph I. Lieberman (CT-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
Full Name, Mailing Address, and ZIP Code Lucas for Congress 442 New Jersey Avenue, SE Washington DC 20003	Purpose of Disbursement (House - KY - 4) Contribution: Kenneth Lucas (KY-4-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 1000.00	Contribution: Kenneth Lucas (KY-4-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
Full Name, Mailing Address, and ZIP Code Richard E. Neal for Congress Committee P.O. Box 2884 Washington DC 20013	Purpose of Disbursement (House - MA - 2) Contribution: Richard E. Neal (MA-2-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 1000.00	Contribution: Richard E. Neal (MA-2-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
Full Name, Mailing Address, and ZIP Code Earl Pomeroy for Congress Post Office Box 746 Bismarck ND 58502	Purpose of Disbursement (House - ND - 1) Contribution: Earl Pomeroy (ND-1-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 2500.00	Contribution: Earl Pomeroy (ND-1-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
Full Name, Mailing Address, and ZIP Code Thurman for Congress 450 Pleasant Grove Road Inverness FL 34452	Purpose of Disbursement (House - FL - 5) Contribution: Karen L. Thurman (FL-5-D)	Date (month, day, year) 11/04/1998	Amount of Each Disbursement This Period 500.00	Contribution: Karen L. Thurman (FL-5-D)	
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary					
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					17500.00