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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A.
Full Name (Last, First, Middle Initial): New Democratic Coalition PAC
Mailing Address: c/o Perkins Coie, 607 14th Street, NW, Suite 800
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 10270133
Date of Disbursement: 10 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Rely on Your Beliefs Fund
Mailing Address: Attn: Keri Ann Hayes, 209 Pennsylvania Ave, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: 10289177
Date of Disbursement: 10 / 20 / 2005
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): Royce Campaign Committee
Mailing Address: P.O. Box 2525
City: Orange State: CA Zip Code: 92859
Purpose of Disbursement:
Candidate Name: Ed Royce
Category/Type: 011
Office Sought: X House / Senate / President / State: CA District: 40
Disbursement For: 2006 X Primary / General / Other (specify)
Transaction ID: 10270121
Date of Disbursement: 10 / 20 / 2005
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

TOTAL This Period (last page this line number only) ..... ▶