

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 13
05/19/2000 12 : 61

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

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 type="checkbox"/> December 20 |
| <input checked="" 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>04/01/2000</u> through <u>04/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		95512.85
(b) Cash on Hand at Beginning of Reporting Period	45706.86	
(c) Total Receipts (from line 19)	47160.84	117693.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92867.80	217205.88
7. Total Disbursements (from line 30)	14500.00	141338.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78367.80	75867.80
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 999 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 Mr. Brian Donnellan		
Signature of Treasurer	Date 05/20/2000	

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 04/01/2000	TO: 04/30/2000	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10809.76	19756.06	11.a.i.
ii. Unitemized	6896.26	12126.86	11.a.ii.
iii. Total	17506.02	31882.92	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	28000.00	84600.00	11.c.
d. Total Contributions	46106.02	116482.82	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 ..	1000.00	1000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	54.82	210.31	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	47160.84	117683.23	19.
20. Total Federal Receipts	47160.84	117683.23	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	14500.00	138779.14	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	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	2558.94	29.
30. Total Disbursements	14500.00	141338.08	30.
31. Total Federal Disbursements	14500.00	141338.08	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	46106.02	116482.82	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	46106.02	116482.82	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 / 13
			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. Kenneth L. Evason P. O. Box 2907 Fargo ND 58108-2907	Name of Employer Clarica US	Date (month, day, year) 04/05/2000	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. Barbara E. Bey 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 170.88
	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 > \$ 683.44		
Full Name, Mailing Address, and ZIP Code Ms. Jeanne E. Hoericks 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 182.50
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 770.00		
Full Name, Mailing Address, and ZIP Code Mr. Gary E. Hughes 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 220.00
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 890.00		
Full Name, Mailing Address, and ZIP Code Mr. Allen R. Caskie 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 91.66
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 348.32		
Full Name, Mailing Address, and ZIP Code Mr. Douglas P. Bates 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	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 > \$ 320.00		
Full Name, Mailing Address, and ZIP Code Mr. John H. Biggs 730 Third Avenue New York NY 10017-3206	Name of Employer Teachers Insurance and Annuity	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 5000.00
	Occupation Chairman, President & CEO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 5000.00		

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	4 / 13
			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. Rodney R. Rohda 97 Gordon Road Newton MA 02168 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fidelity Investments Life Occupation Chairman of the Board & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Ms. Linda H. Cunningham 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 Director Aggregate Year-to-Date > \$ 324.48	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 81.12
Full Name, Mailing Address, and ZIP Code Ms. Joanna S. Daly 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 Vice President, Admin. Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Ms. Angela J. Arnett 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 Senior Counsel Aggregate Year-to-Date > \$ 361.92	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 90.48
Full Name, Mailing Address, and ZIP Code Mr. Thomas W. Thomas 210 South White Street Lancaster SC 29720-2580 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kanawha Insurance Occupation Senior Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Mr. Stanley D. Johnson 210 South White Street Lancaster SC 29720-2580 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kanawha Insurance Occupation Chairman, President & CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Mr. Arthur M. Burch, CLU 2319 Hough Road Lancaster SC 29720 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kanawha Insurance Company Occupation Executive Vice President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 250.00

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 / 13
			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 S. McConnaughey 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 125.25
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 505.04		
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) 04/30/2000	Amount of Each Receipt this Period 57.30
	Occupation Deputy Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 229.20		
Full Name, Mailing Address, and ZIP Code Ms. Margaret A. Durbin 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 130.46
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 521.84		
Full Name, Mailing Address, and ZIP Code Mr. Mark R. Elam 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 293.34
	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1063.35		
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) 04/30/2000	Amount of Each Receipt this Period 59.76
	Occupation Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 238.04		
Full Name, Mailing Address, and ZIP Code Mr. David R. Wentworth 1001 Pennsylvania Avenue, NW Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	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 > \$ 240.00		
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) 04/30/2000	Amount of Each Receipt this Period 53.86
	Occupation Senior Counsel		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 215.44		
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 / 13
			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 Mrs. Linda L. Lanam 6610 West Broad Street Richmond VA 23230-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Council of Life Insurance	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 143.08
	Occupation Vice President & Chief Counsel, State	Aggregate Year-to-Date > \$ 572.32	
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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 238.62
	Occupation Vice President, Federal Relations	Aggregate Year-to-Date > \$ 854.48	
Full Name, Mailing Address, and ZIP Code Mr. Robert E. Mathews 1971 Tara Trail Lancaster SC 29720 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kanawha Insurance Company	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Vice President and Controller	Aggregate Year-to-Date > \$ 250.00	
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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 72.80
	Occupation State Representative	Aggregate Year-to-Date > \$ 291.20	
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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 90.56
	Occupation Director, Intl. Relations	Aggregate Year-to-Date > \$ 362.24	
Full Name, Mailing Address, and ZIP Code Mr. William G. Taylor PO Box 480 Lancaster SC 29721 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Springs Company	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 181.26
	Occupation Assistant Vice President	Aggregate Year-to-Date > \$ 725.04	

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	7 / 13
			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. 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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 62.50
	Occupation Counsel		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Ann L. Corbis 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	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 213.34
	Occupation Vice President & Chief Counsel		
	Aggregate Year-to-Date > \$ 853.36		
Full Name, Mailing Address, and ZIP Code Joseph E. Paul 700 South 7th Street Fargo ND 58102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Clarica Life Insurance Company - US	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 500.00
	Occupation Director of Product Development		
	Aggregate Year-to-Date > \$ 500.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	10609.76

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 13
			FOR LINE NUMBER 11C

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

Full Name, Mailing Address, and ZIP Code MDNY PAC Broadway at 58th Street New York NY 10019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MDNY PAC-Federal Date (month, day, year) 04/26/2000 Amount of Each Receipt this Period 5000.00	Aggregate Year-to-Date > \$ 5000.00
	Occupation	
	Name of Employer USAA Life Insurance Company Date (month, day, year) 04/26/2000 Amount of Each Receipt this Period 5000.00	
Full Name, Mailing Address, and ZIP Code USAA Group PAC 9600 Fredericksburg Road San Antonio TX 78268-0001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer USAA Life Insurance Company Date (month, day, year) 04/26/2000 Amount of Each Receipt this Period 5000.00	Aggregate Year-to-Date > \$ 5000.00
Occupation		
Full Name, Mailing Address, and ZIP Code Provident Mutual PAC P. O. Box 1717 Valley Forge PA 19402-1717 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Provident Mutual Life Insurance Company Date (month, day, year) 04/26/2000 Amount of Each Receipt this Period 4000.00	
Occupation		
Full Name, Mailing Address, and ZIP Code Allstate Insurance Company PAC Allstate Plaza Northbrook IL 60062 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Allstate Insurance Company PAC Date (month, day, year) 04/05/2000 Amount of Each Receipt this Period 5000.00	Aggregate Year-to-Date > \$ 5000.00
Occupation		
Full Name, Mailing Address, and ZIP Code Liberty Mutual PAC c/o Liberty Mutual Insurance Company 175 Berkeley Street Boston MA 02117 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Liberty Mutual Insurance PAC Date (month, day, year) 04/17/2000 Amount of Each Receipt this Period 2500.00	
Occupation		
Full Name, Mailing Address, and ZIP Code Trust PAC Trustmark Insurance Company 400 Field Drive Lake Forest IL 60045 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Trust PAC Date (month, day, year) 04/05/2000 Amount of Each Receipt this Period 3100.00	Aggregate Year-to-Date > \$ 3100.00
Occupation		
Full Name, Mailing Address, and ZIP Code Unity PAC, Inc. One Unity Plaza, P.O. Box 5000 Syracuse NY 13250-5000 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Unity PAC, Inc. Date (month, day, year) 04/17/2000 Amount of Each Receipt this Period 1500.00	
Occupation		

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	9 / 13
			FOR LINE NUMBER 11C
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC			
Full Name, Mailing Address, and ZIP Code Citigroup PAC One Tower Square 8MS Hartford CT 06183	Name of Employer Citigroup PAC Occupation	Date (month, day, year) 04/26/2000	Amount of Each Receipt This Period 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 2500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			28600.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 13
			FOR LINE NUMBER 16
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NAME OF COMMITTEE (In Full) American Council of Life Insurance PAC			
Full Name, Mailing Address, and ZIP Code Senator Bob Kerrey 3412 P Street, NW Washington DC 20007	Name of Employer Occupation	Date (month, day, year) 04/08/2000	Amount of Each Receipt This Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			1000.00

SCHEDULE A		ITEMIZED RECEIPTS		11 / 13
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 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 Insurance PAC				
Full Name, Mailing Address, and ZIP Code Dee Owens 445 11th Street, NW Washington DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Crestar Bank N.A. Occupation Account Representative Aggregate Year-to-Date > 5 171.68	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 44.68	
Full Name, Mailing Address, and ZIP Code Mr. Michael A. Pascale, Jr. 1130 Connecticut Avenue, NW 11th Floor Washington DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Prudential Securities Occupation First VP, Investments Aggregate Year-to-Date > 5 38.65	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 10.14	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				54.82

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 13
			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 Friends of Dick Lugar PO Box 55952 Indianapolis IN 46205	Purpose of Disbursement Contribution: Richard G. Lugar (IN-R) Contribution: Richard G. Lugar (IN-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Bob Matsui for Congress Committee 555 Capitol Mall Suite 1425 Sacramento CA 95814	Purpose of Disbursement Contribution: Robert T. Matsui (CA-5-D) Contribution: Robert T. Matsui (CA-5-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Richard E. Neal for Congress Committee P.O. Box 2884 Washington DC 20013	Purpose of Disbursement Contribution: Richard E. Neal (MA-2-D) Contribution: Richard E. Neal (MA-2-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Ashcroft for Senate 507 Capitol Court, NE Suite 100 Washington DC 20002	Purpose of Disbursement Contribution: John Ashcroft (MO-R) Contribution: John Ashcroft (MO-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of Jerry Kleczka 3150A S 12th St Milwaukee WI 53215	Purpose of Disbursement Contribution: Gerald D. Kleczka (WI-4-D) Contribution: Gerald D. Kleczka (WI-4-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Lieberman 2000 Committee P.O. Box 23129 State House Square Hartford CT 06123	Purpose of Disbursement Contribution: Joseph I. Lieberman (CT-D) Contribution: Joseph I. Lieberman (CT-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1500.00
Full Name, Mailing Address, and ZIP Code Friends of Sam Johnson PO Box 890096 Plano TX 75086	Purpose of Disbursement Contribution: Sam Johnson (TX-3-R) Contribution: Sam Johnson (TX-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Conservative Action Team PO Box 30006 Oaklawn VA 22124	Purpose of Disbursement Contribution: CAT PAC (CA-??-R) Contribution: CAT PAC (CA-??-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive Suite 130 Stafford TX 77477	Purpose of Disbursement Contribution: Tom DeLay (TX-22-R) Contribution: Tom DeLay (TX-22-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 0.00

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	13 / 13
				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 Judy Biggett for Congress PO Box 637 Hinsdale IL 60522	Purpose of Disbursement Contribution: Judy Biggett (IL-13-R) Contribution: Judy Biggett (IL-13-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 500.00		
Full Name, Mailing Address, and ZIP Code Re-Elect Nancy Johnson to Congress Committee PO Box 1986 New Britain CT 06050	Purpose of Disbursement Contribution: Nancy L. Johnson (CT-6-R) Contribution: Nancy L. Johnson (CT-6-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code ARMPAC P.O. Box 5904 Arlington VA 22205	Purpose of Disbursement Contribution: ARMPAC (TX-22-R) Contribution: ARMPAC (TX-22-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/12/2000	Amount of Each Disbursement This Period 5000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)				14500.00	