

**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

Check if different than previously reported. (ACC)

Washington

DC

20001

2133

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00147066

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

X

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2004

through

08

31

2004

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

01

27

2005

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

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Council of Life Insurers PAC

Report Covering the Period: From: ^M08 ^Y01 ^Y2004 To: ^M08 ^Y31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		30780.03
(b) Cash on Hand at Beginning of Reporting Period	23930.08	
(c) Total Receipts (from Line 19)	17867.14	247693.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41797.22	278473.41
<hr/>		
7. Total Disbursements (from Line 31)	26500.00	263176.19
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15297.22	15297.22
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Council of Life Insurers PAC

Report Covering the Period: From: ^M08 ^Y01 ^Y2004 To: ^M08 ^Y31 ^Y2004

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)	5738.26	
(ii) Unitemized	4628.88	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	10367.14	81018.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	156250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17867.14	237268.61
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.)	0.00	10424.77
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))	17867.14	247693.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17867.14	247693.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	161.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	161.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	252954.69
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	1065.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	1065.00
29. Other Disbursements.....	3000.00	8995.00
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))..	26500.00	263176.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	26500.00	263176.19

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17867.14	237268.61
34. Total Contribution Refunds (from Line 28(d))	0.00	1065.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17867.14	236203.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	161.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	161.50

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Mr. Michael J. Bartholomew		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19420
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Mr. Daniel C. Bryant		Date of Receipt M / D / Y 08 / 04 / 2004
Mailing Address P.O. Box 1871 SC5000		Transaction ID: R19338
City Boston	State MA	Zip Code 02105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sun Life Financial	Occupation Assistant Vice President, Regulatory A	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Allen R. Costa		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 1001 Pennsylvania Avenue, NW		Transaction ID: R19423
City Washington	State DC	Zip Code 20004-2569
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. C. Bryan Cox		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19427
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.96
Name of Employer American Council of Life Insurers	Occupation Senior Legislative Director	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.68	

Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19428
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.34
Name of Employer American Council of Life Insurers	Occupation Director, Conference Development	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 732.48	

Full Name (Last, First, Middle Initial) C. Ms. Joanne S. Day		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19429
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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	292.30
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Nancy S. Davenport		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: R19430
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 Sr. Counsel & Director, NE Region	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ms. Kimberly Dorgan		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19432
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 266.62
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 ▼ 2124.98	

Full Name (Last, First, Middle Initial) C. Mr. Gary L. Eisenbarth		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 1200 Joria Boulevard		Transaction ID: R19346
City Oak Brook	State IL	Zip Code 60522-9008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MTL Insurance Company	Occupation President & CEO	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	815.62
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19434
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.66
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 ▼ 705.80	

Full Name (Last, First, Middle Initial) B. Mr. John P. Gemi		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: R19435
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.66
Name of Employer American Council of Life Insurers	Occupation Senior Legislative Director	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 733.28	

Full Name (Last, First, Middle Initial) C. Mr. Robert J. Gibbons		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 1905 Teal Road		Transaction ID: R19364
City Lafayette	State IN	Zip Code 47505-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 855.00
Name of Employer The Lafayette Life Insurance Company	Occupation Chairman & CEO	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	

SUBTOTAL of Receipts This Page (optional)	838.32
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 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

Full Name (Last, First, Middle Initial) A. Mr. Morris Goff		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19437
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.66
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 ▼ 529.80	

Full Name (Last, First, Middle Initial) B. Mr. James D. Hall		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19438
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Susan Harvey		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: R19439
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 Director, Outreach	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	199.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

Full Name (Last, First, Middle Initial) A. Ms. Shawn Hausman		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19440
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.04
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 ▼ 248.32	

Full Name (Last, First, Middle Initial) B. Mr. Gary E. Hughes		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19442
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 265.84
Name of Employer American Council of Life Insurers	Occupation Senior Vice President & General Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2128.72	

Full Name (Last, First, Middle Initial) C. Michael J. Hunter		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19443
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	546.88
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 12 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Frank Keating		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19445
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard I. Klein		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R19446
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 ▼ 640.00	

Full Name (Last, First, Middle Initial) C. Ms. Linda L. Larsen		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19448
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 ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	390.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

Full Name (Last, First, Middle Initial) A. Mr. David M. Leifer		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19449
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.16
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 673.28	

Full Name (Last, First, Middle Initial) B. Daniel J. Mahoney		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19454
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 ▼ 1433.28	

Full Name (Last, First, Middle Initial) C. Mr. John W. Mangan, CEBS		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 2850 SW Montgomery Drive		Transaction ID: R19453
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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	313.32
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 14 / 27

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Brenda Nation		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19456
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 ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Mr. William F. Olds, FLMI		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 508 Vermont Drive		Transaction ID: R19379
City Lafayette	State IN	Zip Code 47905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lafayette Life Insurance Company	Occupation Senior Vice President-Ins Ops	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Donald G. Preston		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19459
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.00
Name of Employer American Council of Life Insurers	Occupation Managing Director, Reinsurance	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional)	505.00
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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

Full Name (Last, First, Middle Initial) A. Ms. Barbara A. Price		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19460
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Ms. Kathryn A. Ricard		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R19462
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Mr. Juan Carlos Scott		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID: R19464
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 Vice President, Federal Relations	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Leonard Sherman		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 1905 Teal Road		Transaction ID: R19399
City Lafayette	State IN	Zip Code 47903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lafayette Life Insurance Company	Occupation Senior Vice President	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Nancy Smith		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19467
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 Executive Assistant	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ms. Theresa Gorola		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19469
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.50
Name of Employer American Council of Life Insurers	Occupation Senior Counsel	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 484.00	

SUBTOTAL of Receipts This Page (optional)	▶	340.50
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 17 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mr. Jerry B. Stilkwell		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 703 Emerald Drive		Transaction ID: R19388
City Lafayette	State IN	Zip Code 47805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The Lafayette Life Insurance Company	Occupation Senior Vice President	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ms. Deborah J. Vargo		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 374D Power Drive		Transaction ID: R19388
City Carmel	State IN	Zip Code 46033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Lafayette Life Insurance Company	Occupation Vice President, General Counsel & Sec	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Christopher W. Waeteman		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID: R19472
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 ▼ 453.28	

SUBTOTAL of Receipts This Page (optional)	▶	858.68
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) Mr. David R. Wentworth		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19473	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Research Aggregate Year-to-Date ▼ 480.00		
B. Full Name (Last, First, Middle Initial) Debra K. West		Date of Receipt M / D / Y Y Y Y 08 / 31 / 2004	
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID: R19474	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Payroll Deduction	
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Senior Counsel & Director, Southern Re Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	5738.26

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

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. CC Services INC Country PAC		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address P.O. Box 2020		Transaction ID: R19405
City Bloomington	State IL	Zip Code 67102-2020
FEC ID number of contributing federal political committee. C C00390971		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Phoenix Companies PAC		Date of Receipt M / D / Y 08 / 09 / 2004
Mailing Address One American Row		Transaction ID: R19351
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. C C00168203		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. PriNPAC		Date of Receipt M / D / Y 08 / 12 / 2004
Mailing Address 711 High Street		Transaction ID: R19357
City Des Moines	State IA	Zip Code 50352
FEC ID number of contributing federal political committee. C C00128918		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Check
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	7500.00

**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 20 / 27

<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. AMERIPAC

Mailing Address 499 South Capitol Street, SW
Suite 10B

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contr. AMERIPAC (DC-D)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9873

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bennett Election Committee

Mailing Address PO Box 77361

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contr.

Candidate Name
Robert F. Bennett

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼

State: UT District

Category/
Type

Transaction ID: D9868

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism

Mailing Address P.O. Box 22814

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Please see memo entry

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9871

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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<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. Committee for the Preservation of Capitalism

Mailing Address P.O. Box 22614

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
This contribution was given to the

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D9785
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
2000.00

[MEMO ITEM]
Committee for the Preservation of Capitalism, FEC ID #C00328488 (not CPC PAC)

Full Name (Last, First, Middle Initial)
B. Congressional Majority Committee

Mailing Address P.O. Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
Contr. Congressional Majority Co (DC-R)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D9869
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
3000.00

Full Name (Last, First, Middle Initial)
C. DASH PAC

Mailing Address 424 C Street, NE
1st Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contr. DASH PAC (SD-D)

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D9870
Date of Disbursement
08 / 17 / 2004

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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)

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<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. ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contr. ERICPAC (-R)

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: D9872

Date of Disbursement

08 / 17 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ed Royce For Congress

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92858

Purpose of Disbursement
Contr.

Candidate Name

Ed R. Royce

Category/
Type

Office Sought: x House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: CA District 40

Transaction ID: D9818

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 60 Madison Ave Suite 1028

City New York State NY Zip Code 10010

Purpose of Disbursement
Contr.

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought: House Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: NY District

Transaction ID: D9820

Date of Disbursement

08 / 05 / 2004

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) ▶

**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 / 27

<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. Jerry Weller For Congress

Mailing Address PO Box 2368

City Joliet State IL Zip Code 60434

Purpose of Disbursement
Contr.

Candidate Name
Jerry Weller

Office Sought: House
Senate
President
State: IL District 11

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D9823
Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Joe PAC

Mailing Address 80 F Street NW
Suite 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contr. Joe PAC (-D)

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D9821
Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Lewis for Congress Committee

Mailing Address P.O. Box 247

City Redlands State CA Zip Code 92373

Purpose of Disbursement
Contr.

Candidate Name
Jerry Lewis

Office Sought: House
Senate
President
State: CA District 41

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D9822
Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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<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. Wally Herger for Congress Committee

Transaction ID: D9619
Date of Disbursement

Mailing Address P.O. Box 1500

08 / 05 / 2004

City State Zip Code
Chico CA 95927

Amount of Each Disbursement this Period

Purpose of Disbursement
Contr.

1000.00

Candidate Name
Wally Herger

Category/
Type

Office Sought: House
Senate
President
State: CA District: D2

Disbursement For: 2004
Primary General
Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

23500.00

**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 25 / 27

<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. Craig Eiland Campaign Committee

Mailing Address 2423 Market Street
Suite 1

City Galveston State TX Zip Code 77550

Purpose of Disbursement
Non-Federal Craig Eiland (TX-23-D)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9832
Date of Disbursement
08 / 05 / 2004

Amount of Each Disbursement this Period
300.00

Full Name (Last, First, Middle Initial)
B. Gene Seaman Campaign Committee

Mailing Address 2222 Airline
Suite A-9

City Corpus Christi State TX Zip Code 78414

Purpose of Disbursement
Non-Federal Gene Seaman (TX-32-R)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9830
Date of Disbursement
08 / 05 / 2004

Amount of Each Disbursement this Period
300.00

Full Name (Last, First, Middle Initial)
C. Ken Armbrister Campaign Committee

Mailing Address P.O. Box 5017

City Victoria State TX Zip Code 77903

Purpose of Disbursement
Non-Federal Ken Armbrister (TX-18-D)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9827
Date of Disbursement
08 / 05 / 2004

Amount of Each Disbursement this Period
500.00

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)

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<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. Kip Averitt Campaign Committee

Mailing Address P.O. Box 20638

City Waco State TX Zip Code 76702

Purpose of Disbursement
Non-Federal Kip Averitt (TX-22-R)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9825

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. Larry Taylor Campaign Committee

Mailing Address 174 Calder Road
Suite 11B

City League City State TX Zip Code 77574

Purpose of Disbursement
Non-Federal Larry Taylor (TX-24-R)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9831

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)
C. Mike Krusee Campaign Committee

Mailing Address P.O. Box 28501

City Austin State TX Zip Code 78755

Purpose of Disbursement
Non-Federal Mike Krusee (TX-52-R)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D9829

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

300.00

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 27 / 27

<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. Senfronia Thompson Campaign Committee

Mailing Address 7611 Sterlingshire

City Houston State TX Zip Code 77016

Purpose of Disbursement
Non-Federal Senfronia Thompson

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D962B

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

300.00

(TX-141-D)

Full Name (Last, First, Middle Initial)
B. Troy Fraser Campaign Committee

Mailing Address P.O. Box 13243

City Austin State TX Zip Code 78711

Purpose of Disbursement
Non-Federal Troy Fraser (TX-24-R)

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D962B

Date of Disbursement

08 / 05 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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

3000.00