



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Council of Life Insurers Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="620787.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="647367.50"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30630.40"/>	<input type="text" value="508214.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="677997.90"/>	<input type="text" value="1129002.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56000.00"/>	<input type="text" value="507005.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="621997.90"/>	<input type="text" value="621997.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**American Council of Life Insurers Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	26016.40	281157.03
(ii) Unitemized .....	2114.00	36857.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28130.40	318014.92
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	189700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	30630.40	507714.92
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	30630.40	508214.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30630.40	508214.92

**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) Allocated 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	507000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	5.00
(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	5.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	56000.00	507005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56000.00	507005.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	30630.40	507714.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30630.40	507709.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas E. Rattmann</b>		Date of Receipt
Mailing Address 104 Emily Court		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Vestal	NY	13850-3000
FEC ID number of contributing federal political committee.		Transaction ID : <b>69029951</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	
Columbian Mutual Life Insurance Compan	Chairman of the Board, President & Chi	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gary L. Muller</b>		Date of Receipt
Mailing Address 300 W. 11th Street		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kansas City	MO	64105-1618
FEC ID number of contributing federal political committee.		Transaction ID : <b>69029959</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1475.00"/>
Name of Employer	Occupation	
Americo Life Insurance Company	Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1475.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Philip K. Polkinghorn</b>		Date of Receipt
Mailing Address 2121 Brookwood Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mission Hills	KS	66208-1226
FEC ID number of contributing federal political committee.		Transaction ID : <b>69030054</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer	Occupation	
Americo Financial Life and Annuity Ins	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Michael A. Merriman**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 West 11th Street

City Kansas City State MO Zip Code 64105-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer Americo Life Insurance Company Occupation Chairman of the Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1475.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : 69030112**

Amount of Each Receipt this Period 1475.00

**B. Steve Radke**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 East Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Mutual Life Insurance Com Occupation VP Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2015  
**Transaction ID : 69030114**

Amount of Each Receipt this Period 500.00

**C. Mr. Dennis R. Glass**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Green Valley Road

City Bryn Mawr State PA Zip Code 19010-1912

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Financial Group Occupation President & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 03 / 2015  
**Transaction ID : 69030220**

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6975.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Steven B Najjar**

Mailing Address 200 South Orange Avenue  
Suite 1900

City Orlando State FL Zip Code 32801-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Hannover Life Reassurance Company of A  
Occupation EVP, Sr. Mrkts/General Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 69037847**

Amount of Each Receipt this Period  
375.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Shanahan**

Mailing Address 200 South Orange Avenue  
Suite 1900

City Orlando State FL Zip Code 32801-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Hannover Life Reassurance Company of A  
Occupation EVP, Mortality Solutions

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 69037848**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Burt**

Mailing Address 200 South Orange Avenue  
Suite 1900

City Orlando State FL Zip Code 32801-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Hannover Life Reassurance Company of A  
Occupation EVP, Financial Solutions

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 69037859**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Marc Schoenfeld**

Mailing Address 2729 West 66th Street

City State Zip Code  
 Davenport IA 52806-1512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Royal Neighbors of America CFO & Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 69038195**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mary Staver**

Mailing Address 3509 Woodberry Place

City State Zip Code  
 Bettendorf IA 52722-6181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Royal Neighbors of America HR Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 69038196**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Robert L LaPlant**

Mailing Address 5604 W 147th Place

City State Zip Code  
 Overland Park KS 66223-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Americo Life Insurance Company VP - Technology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2015  
**Transaction ID : 69038197**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ms. Margaret A. Creek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2537 SW Winterbrook Court  
 City Lees Summit State MO Zip Code 64081-4099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Financial Life and Annuity Ins Occupation Vice President, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : 69038199**  
 Amount of Each Receipt this Period 250.00

**B. Mr. Mark K. Fallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2209 W. 126th Street  
 City Leawood State KS Zip Code 66209-1384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Life Insurance Company Occupation Senior Vice President & Chief Financia  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : 69038200**  
 Amount of Each Receipt this Period 350.00

**C. Mr. Donald P. Oster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12624 W 121st Terrace  
 City Overland Park State KS Zip Code 66213-2263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Life Insurance Company Occupation Chief Accounting Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2015  
**Transaction ID : 69038202**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jeremy Thornton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2704 W 140th Street

City Leawood State KS Zip Code 66224-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer Americo Life Insurance Company Occupation VP - Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
11 / 05 / 2015  
**Transaction ID : 69038203**

Amount of Each Receipt this Period  
300.00

**B. Mr. Gregory A. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 3447 W. 138th Terrace

City Leawood State KS Zip Code 66224-4595

FEC ID number of contributing federal political committee. **C**

Name of Employer Americo Financial Life and Annuity Ins Occupation Vice President & Director, Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
11 / 05 / 2015  
**Transaction ID : 69038204**

Amount of Each Receipt this Period  
350.00

**C. Jeanne M Clarke**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Plum St

City Syracuse State NY Zip Code 13204-5429

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 05 / 2015  
**Transaction ID : 69047215**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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	

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Steven Szubert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 69047217</b>
Mailing Address 4704 Vetsal Parkway East		Amount of Each Receipt this Period 250.00
City Binghamton      State NY      Zip Code 13902	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Todd Swenson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 69047218</b>
Mailing Address 2106 Parkwood Hills Dr. NE		Amount of Each Receipt this Period 250.00
City Rochester      State MN      Zip Code 55906-4300	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Vice President Special Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jack Greenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 69047222</b>
Mailing Address 20 Campbell Rd		Amount of Each Receipt this Period 250.00
City Binghamton      State NY      Zip Code 13905-4304	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Vice President, Pricing & Product Deve	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Gerald J. Hennenhoefer</b>		Date of Receipt
Mailing Address 507 Woodstrace Ct.		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Greer State SC Zip Code 29650-3283		<b>Transaction ID : 69047223</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President, Sales & Marketing		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dale A. Spencer</b>		Date of Receipt
Mailing Address 122 Fenner Hill Road		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Port Crane State NY Zip Code 13833-1414		<b>Transaction ID : 69047263</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Columbian Financial Group Occupation VP - Investments		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Richard S. Relf Jr.</b>		Date of Receipt
Mailing Address 3708 Lake Moraine Road		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City Madison State NY Zip Code 13402-1606		<b>Transaction ID : 69047268</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Columbian Mutual Life Insurance Compan Occupation VP - Administration		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<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	

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael C. Fosbury CFA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 69047311</b>
Mailing Address 4504 Forest Lane		Amount of Each Receipt this Period 750.00
City Vestal      State NY      Zip Code 13850-3803	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Columbian Financial Group	Occupation SVP & CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Mr Patrick A Mannion</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 69047316</b>
Mailing Address 7665 Hunt Lane		Amount of Each Receipt this Period 750.00
City Fayetteville      State NY      Zip Code 13066-2555	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Columbian Mutual Life Insurance Compan	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Donald L. Walker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 <b>Transaction ID : PR1156427143962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00
City Washington      State DC      Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<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	

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. David Griffin</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 <b>Transaction ID : PR1231727343962</b>
Mailing Address 55 Bonfire Court		Amount of Each Receipt this Period 20.00
City Westminster	State MD	Zip Code 21157-4680
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company	Occupation AVP & Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. W. Bryant Sadler</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 <b>Transaction ID : PR1415470243962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Staff Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mandana Parsazad</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 <b>Transaction ID : PR1481799843962</b>
Mailing Address 1914 Horse Shoe Drive		Amount of Each Receipt this Period 50.00
City Vienna	State VA	Zip Code 22182-3755
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Counsel, Taxes & Retirement Sec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Scott E. Smith</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR1503555343962</b>
Mailing Address 19 Cardinal Way		Amount of Each Receipt this Period 40.00
City South Windsor State CT Zip Code 06074-3745	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Vantis Life Insurance Company Occupation Senior Vice President & COO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathleen F. Kiernan</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR1728112743962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 160.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1760.00

Full Name (Last, First, Middle Initial) <b>C. Ms. Carolyn C. Cobb</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR1821819643962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 237.30
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$118.65 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2610.29

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	437.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. The Honora Dirk A. Kempthorne</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1871324543962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation President and CEO	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.26	

Full Name (Last, First, Middle Initial) <b>B. Lisa Smith</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 800 North Magnolia Ave. Suite 1400		<b>Transaction ID : PR1871488843962</b>
City Orlando	State FL	Zip Code 32803-3248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Hannover Life Reassurance Company of A	Occupation Manager	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Brian Waidmann</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1872428343962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer American Council of Life Insurers	Occupation Chief of Staff	P/R Deduction (\$200.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	856.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Peter J. Bautz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1903849843962</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers Occupation Vice President, Taxes and Retirement S	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>B. Jim Pyc</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 9124 MidPines Court		<b>Transaction ID : PR1948888443962</b>
City Orlando State FL Zip Code 32819-4307	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 24.00
Name of Employer Hannover Life Reassurance Company of A Occupation EVP, financial Solutions	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$12.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 264.00		

Full Name (Last, First, Middle Initial) <b>C. Stephen A Elliott</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 8906 Quail Ridge Lane		<b>Transaction ID : PR1964224843962</b>
City Lenox State KS Zip Code 66220	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Fidelity Security Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Brenda Gordanier</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 11913 E. 86th St.		<b>Transaction ID : PR1964225343962</b>
City Raytown	State MO	Zip Code 64138-5166
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Fidelity Security	Occupation AVP - Reinsurance	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Anita Peduzzi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 101 Constitution Avenue Suite 700 W		<b>Transaction ID : PR1978714943962</b>
City Washington	State DC	Zip Code 20001-2146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer American Council of Life Insurers	Occupation PAC Director	P/R Deduction (\$41.67 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	

Full Name (Last, First, Middle Initial) <b>C. Joshua T. Mauthe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 2210 12th St NW		<b>Transaction ID : PR1978715643962</b>
City Washington	State DC	Zip Code 20009-4404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation Meeting Planner-Special Projects Coord	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Seaver J. J Sowers**

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Director, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR2018796043962**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. Paul Smith**

Mailing Address 800 N Magnolia Avenue Suite 1400

City Orlando State FL Zip Code 32803-3248

FEC ID number of contributing federal political committee. **C**

Name of Employer Hannover Life Reassurance Company of A Occupation SVP, Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR2019034843962**

Amount of Each Receipt this Period **21.00**

P/R Deduction (\$10.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. Maria Lauterette**

Mailing Address 800 N Magnolia Avenue Suite 1400

City Orlando State FL Zip Code 32803-3248

FEC ID number of contributing federal political committee. **C**

Name of Employer Hannover Life Reassurance Company of A Occupation VP, Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR2019035343962**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **91.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mariana E. E Gomez</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR2122881843962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer American Council of Life Insurers	Occupation Counsel	P/R Deduction (\$15.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. Emily C. C Micale</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR2122882043962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life Insurers	Occupation Counsel	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. James Szostek</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR2122891043962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life Insurers	Occupation Public Policy	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Ian F. F Steger**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Legislative Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR2160513743962**

Amount of Each Receipt this Period  
50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. Bruce Friedland**

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

FEC ID number of contributing federal political committee. **C**

Name of Employer Vantis Life Insurance Company Occupation SVP & Chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR2285776943962**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Gail Lataille**

Mailing Address 256 Stanley Dr

City Glastonbury State CT Zip Code 06033-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer Vantis Life Insurance Company Occupation SVP & Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR2285777143962**

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<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	

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. James Lovelace</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 200 Day Hill Road		<b>Transaction ID : PR2285777243962</b>
City Windsor State CT Zip Code 06095-1779	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Vantis Life Insurance Company Occupation VP of IT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Edmund Mahoney</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 20 Northgate		<b>Transaction ID : PR2285777343962</b>
City Simsbury State CT Zip Code 06070-1021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer Vantis Life Insurance Company Occupation SVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C. Louis Mastroianni</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 200 Day Hill Road		<b>Transaction ID : PR2285777443962</b>
City Windsor State CT Zip Code 06095-1779	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer Vantis Life Insurance Company Occupation Regional Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Craig Simms</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR228577743962</b>
Mailing Address 200 Day Hill Road		Amount of Each Receipt this Period 40.00
City Windsor State CT Zip Code 06095-1779	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Vantis Life Insurance Company Occupation SVP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00

Full Name (Last, First, Middle Initial) <b>B. Richard Spencer, III</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR2285778243962</b>
Mailing Address 4300 Carriage Ct		Amount of Each Receipt this Period 22.00
City Kensington State MD Zip Code 20895-3615	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company Occupation VP & Controller	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00

Full Name (Last, First, Middle Initial) <b>C. Peter Tedone</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR2285778843962</b>
Mailing Address 32 Lincoln Lane		Amount of Each Receipt this Period 41.60
City Weatogue State CT Zip Code 06089-9780	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.80 Bi-Weekly)
Name of Employer Vantis Life Insurance Company Occupation President & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<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	

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Larry D. D. Burton</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR2348687343962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 416.66
City Washington    State DC    Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers    Occupation Chief Operating Officer	Aggregate Year-to-Date 1249.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rodney A. Perkins</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR2352660543962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington    State DC    Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer American Council of Life Insurers    Occupation VP Insurance Regulation	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Mr. Gary E. Hughes</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR771358243962</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 366.62
City Washington    State DC    Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$183.31 Semi-Monthly)
Name of Employer American Council of Life Insurers    Occupation Executive Vice President & General Cou	Aggregate Year-to-Date 4032.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	983.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Ms. Linda H. Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1316.27

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771362443962**  
 Amount of Each Receipt this Period 119.66  
 P/R Deduction (\$59.83 Semi-Monthly)

**B. Ms. Roberta B. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771362743962**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**C. Mr. Damian Salvi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10075 Red Run Boulevard  
 City Owings Mills State MD Zip Code 21117-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baltimore Life Insurance Company Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771364143962**  
 Amount of Each Receipt this Period 24.00  
 P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 163.66  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 28 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771365443962**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3480.85

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771373243962**

Amount of Each Receipt this Period  
316.44

P/R Deduction (\$158.22 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. Mr. David M. Leifer**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1953.39

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771374043962**

Amount of Each Receipt this Period  
177.58

P/R Deduction (\$88.79 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 554.02

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. James D. Hall</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID : PR771374343962</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$15.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. C. Bryan Cox</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID : PR771376843962</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 60.14
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$30.07 Semi-Monthly)
Aggregate Year-to-Date ▼ 661.53		

Full Name (Last, First, Middle Initial) <b>C. Mr. John W. Mangan CEBS</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR771377143962</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$100.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 2200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
<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

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 Political Action Committee**

**A. Ms. Olivia H. Gillis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Assoc. Director, Legislative & Regulat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771408143962**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**B. Ms. Maria L. Palacios**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Managing Director, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.58

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771408843962**  
 Amount of Each Receipt this Period 21.78  
 P/R Deduction (\$10.89 Semi-Monthly)

**C. Mr. Paul S. S. Graham III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation SVP, Insurance Regulation & Chief Actu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771412643962**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49
	<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	

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 Political Action Committee**

**A. Mr. Morris R. Goff**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2294.38

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771419343962**

Amount of Each Receipt this Period  
208.58

P/R Deduction (\$104.29 Semi-Monthly)

**B. Ms. Brenda S. Nation**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771419943962**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$75.00 Semi-Monthly)

**C. Ms. Debra K. West**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
11 / 30 / 2015  
**Transaction ID : PR771421043962**

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 49
	<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	

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 Political Action Committee**

**A. Mr. Michael Lovendusky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771421143962**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**B. Mr. Jeffry J. Janoska**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Senior Policy Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 281.61

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771423143962**  
 Amount of Each Receipt this Period 25.60  
 P/R Deduction (\$12.80 Semi-Monthly)

**C. Ms. Lisa J. Tate**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : PR771423243962**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Ms. Nina Aponte</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR771425343962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 2000
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Staff Accountant	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. John P. John P. Gerni</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR771428743962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 1650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. David C. Turner</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : PR771428943962</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 277.46
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$138.73 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary	Aggregate Year-to-Date 3052.05	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	447.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<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	

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 Political Action Committee**

**A. Mr. Kynondo Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Legal Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **261.35**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR771439643962**

Amount of Each Receipt this Period **23.76**

P/R Deduction (\$11.88 Semi-Monthly)

**B. Ms. Alane R. Dent**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2258.84**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR771444343962**

Amount of Each Receipt this Period **212.50**

P/R Deduction (\$106.25 Semi-Monthly)

**C. Mr. Thomas Scott Dixon**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer American Council of Life Insurers Occupation Finance Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **11 / 30 / 2015**

**Transaction ID : PR771444943962**

Amount of Each Receipt this Period **40.00**

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **276.26**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 49
<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andrew M. Melnyk</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR771445843962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 42.54
Name of Employer American Council of Life Insurers	Occupation Managing Director, Research	P/R Deduction (\$21.27 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 467.95	

Full Name (Last, First, Middle Initial) <b>B. Ms. Julie A. Spiezio</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR771449643962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers	Occupation Senior Vice President	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. John K. Bruins</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR771450143962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.52
Name of Employer American Council of Life Insurers	Occupation Senior Actuary	P/R Deduction (\$17.76 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	178.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Maurice A. Perkins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR805149143962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4583.26	

Full Name (Last, First, Middle Initial) <b>B. Mr. Wayne A. Mehlman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 101 Constitution Avenue, NW Suite 700		<b>Transaction ID : PR904819543962</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.66
<b>TOTAL</b> This Period (last page this line number only).....▶	26016.40

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

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

FOR LINE NUMBER: PAGE 37 OF 49  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Allstate Insurance Company PAC**

Mailing Address 2775 Sanders Road  
Suite A2W

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2015

**Transaction ID : 69030269**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Prosperity Action Inc.**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Prosperity Action Inc.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68616706**

Amount of Each Disbursement this Period

5000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Paragraph Two PAC**

Mailing Address 2631 Willow Lake Dr.

City Greenwood State IN Zip Code 46143

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Paragraph Two PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68616708**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Texans for Senator John Cornyn Inc.**

Mailing Address P.O. Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. John Cornyn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68616710**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

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

8000.00
---------

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Rep. Michael Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68623080**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Blumenthal For Connecticut**

Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Sen. Richard Blumenthal**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CT District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68623081**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Sherman for Congress**

Mailing Address 777 S. Figueroa St  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Rep. Brad Sherman**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 30

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68623083**

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Poliquin For Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Bruce Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623108**

Amount of Each Disbursement this Period

500.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Cochran**

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Thad Cochran**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MS District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623138**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Kuster For Congress, Inc.**

Mailing Address P.O. Box 1498

City State Zip Code  
Concord NH 03302

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Ann Kuster**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623151**

Amount of Each Disbursement this Period

2000.00

Political Contribution

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

3500.00

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan For Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623153**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623157**

Amount of Each Disbursement this Period

3000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Heidi For Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623189**

Amount of Each Disbursement this Period

3000.00
---------

Political Contribution

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

8000.00
---------

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heidi For Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623247**

Amount of Each Disbursement this Period

500.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Chris Coons For Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Chris Coons**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623395**

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 2931 E. Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Patrick Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623505**

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

3500.00

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Smith For Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Jason Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623644**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Michelle**

Mailing Address P.O. Box 25422

City State Zip Code  
Albuquerque NM 87125

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623662**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Blum For Congress**

Mailing Address 2728 Asbury Road  
Suite 400

City State Zip Code  
Dubuque IA 52001

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Rod Blum**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623663**

Amount of Each Disbursement this Period

2000.00
---------

Political Contribution

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

4000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Donald M Payne Jr For Congress**

Mailing Address PO Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Rep. Donald Payne Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 10

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 68623664

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address P O Box 266

City Bloomfield State MI Zip Code 48303

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Sen. Gary Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 68623670

Amount of Each Disbursement this Period

1500.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Donnelly for Indiana**

Mailing Address 1050 17th St, NW  
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Sen Joseph Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IN District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : 68623679

Amount of Each Disbursement this Period

3500.00
---------

Political Contribution

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

6000.00
---------

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623680**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Rothfus Inc.**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Keith Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623902**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Robert Dold**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

**Transaction ID : 68623905**

Amount of Each Disbursement this Period

1000.00
---------

Political Contribution

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

3000.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Joe Manchin III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623906**

Amount of Each Disbursement this Period

2500.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Mia Love**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623920**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Boozman For Arkansas**

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. John Boozman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623921**

Amount of Each Disbursement this Period

1000.00

Political Contribution

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623935**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623936**

Amount of Each Disbursement this Period

1500.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Richard E. Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Richard Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 20 / 2015

**Transaction ID : 68623961**

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

3500.00

**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)

<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

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 Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City State Zip Code  
Tempe AZ 85285

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Rep. Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68624000**

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Mailing Address P.O. Box 1000

City State Zip Code  
Des Moines IA 50304

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Chuck Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68624002**

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

**C. Cory Gardner For Senate**

Mailing Address 9227 E Lincoln Ave #200-234

City State Zip Code  
Lone Tree CO 80124

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Sen. Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : 68624004**

Amount of Each Disbursement this Period

3000.00

Political Contribution

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

6000.00

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

56000.00