

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		146986.01
(b) Cash on Hand at Beginning of Reporting Period.....	266276.82	
(c) Total Receipts (from Line 19)	10590.98	447631.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	276867.80	594617.80
7. Total Disbursements (from Line 31).....	-1964.00	315786.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	278831.80	278831.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	9248.18	201420.34
(ii) Unitemized	1342.80	30918.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10590.98	232339.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	210292.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10590.98	442631.79
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	5000.00
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))..... ▶	10590.98	447631.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10590.98	447631.79

DETAILED SUMMARY PAGE
of Disbursements

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.....	-2000.00	296000.00
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	36.00	36.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	36.00	5036.00
29. Other Disbursements	0.00	14750.00
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)) ..	-1964.00	315786.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-1964.00	315786.00

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)	10590.98	442631.79
34. Total Contribution Refunds (from Line 28(d))	36.00	5036.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10554.98	437595.79
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 30
	<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. Mark R. Sarlitto
Full Name (Last, First, Middle Initial)

Mailing Address 187 Danbury Road
Riverview Building, 3rd Floor

City Wilton State CT Zip Code 06897-4122

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

Name of Employer Wilton Reassurance Company Occupation Senior Vice President & General Course

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 13 / 2012
Transaction ID : 49245045

Amount of Each Receipt this Period
250.00

B. Michael Farley
Full Name (Last, First, Middle Initial)

Mailing Address 56 Perimeter Center East NE
Suite 500

City Atlanta State GA Zip Code 30346-2203

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

Name of Employer Munich American Reassurance Company Occupation SVP & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 10 / 2012
Transaction ID : 49245046

Amount of Each Receipt this Period
1000.00

C. Jim Pyc
Full Name (Last, First, Middle Initial)

Mailing Address 9124 MidPines Court

City Orlando State FL Zip Code 32819-4307

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 ▼
264.00

Date of Receipt
12 / 14 / 2012
Transaction ID : 49245365

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional).....▶	1262.00
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 8 OF 30
	<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	

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

A. Mr. Bruce A. Friedland
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Hill Top Drive
 City Weatogue State CT Zip Code 06089-9676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vantis Life Insurance Company Occupation Vice President & Chief Actuary
 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
 12 / 21 / 2012
Transaction ID : 49246939
 Amount of Each Receipt this Period
 250.00

B. Jim Pyc
 Full Name (Last, First, Middle Initial)
 Mailing Address 9124 MidPines Court
 City Orlando State FL Zip Code 32819-4307
 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 ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 49428223
 Amount of Each Receipt this Period
 12.00

C. Paul Smith
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : 49428246
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 272.00
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 9 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. David Griffin
Full Name (Last, First, Middle Initial)
Mailing Address 55 Bonfire Court
City Westminster State MD Zip Code 21157-4680
FEC ID number of contributing federal political committee. **C**
Name of Employer Baltimore Life Insurance Company Occupation AVP & Compliance Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 175.00

Date of Receipt 12 / 31 / 2012
Transaction ID : 49635857
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$14.00 This changes the YTD Total to \$175.00

B. Mr. John Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 10075 Red Run Blvd
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 Senior Vice President, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 31 / 2012
Transaction ID : 49635858
Amount of Each Receipt this Period 0.00
[MEMO ITEM]
Refund(s) on Schedule B Totaling \$22.00 This changes the YTD Total to \$275.00

C. Mr. Donald L. Walker
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 SVP, Administration & CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR1156427126526
Amount of Each Receipt this Period 150.00
P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 30
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. John Patterson		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1231727526526
Mailing Address 10075 Red Run Blvd		Amount of Each Receipt this Period 22.00
City Owings Mills	State MD	Zip Code 21117-4865
FEC ID number of contributing federal political committee. C		P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company	Occupation Senior Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

Full Name (Last, First, Middle Initial) B. Mr. W. Bryant Sadler		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1415470226526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 30.00
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Ms. Mandana Parsazad		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1481799826526
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 (\$20.00 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 ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 30
	<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	

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

A. Mr. Craig D Simms
Full Name (Last, First, Middle Initial)

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

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

Name of Employer Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1503559926526

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$10.00 Semi-Monthly)

B. Mr. Peter L Tedone
Full Name (Last, First, Middle Initial)

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

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

Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.76**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1503560126526

Amount of Each Receipt this Period **34.00**

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

C. Mr. Walter C. Welsh
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, 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 Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4554.96**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1550105926526

Amount of Each Receipt this Period **569.37**

P/R Deduction (\$189.79 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **633.37**

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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Gail S. Hoeflich		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1565786726526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Legislative Director	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Shannon N. Salinas		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1647849726526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Counsel, Taxes & Retirement Security	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen F. Kiernan-Pagani		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1728112726526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 248.43
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$82.81 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations	Aggregate Year-to-Date 1987.45	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	368.43
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 13 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Edmund V Mahoney		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1729084726526
Mailing Address 20 Northgate		Amount of Each Receipt this Period 19.12
City Simsbury	State CT	Zip Code 06070-1021
FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.62 Semi-Monthly)
Name of Employer Vantis Life Insurance Company	Occupation Vice President, Investments	
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. Ms. Carolyn C. Cobb		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1821819626526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 289.05
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.35 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 ▼ 2312.41	

Full Name (Last, First, Middle Initial) C. The Honora Dirk A. Kempthorne		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1871324526526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 624.99
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 President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	

SUBTOTAL of Receipts This Page (optional).....▶	933.16
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 14 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lisa Smith		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1871488826526
Mailing Address 800 North Magnolia Ave. Suite 1400		Amount of Each Receipt this Period 30.00
City Orlando	State FL	Zip Code 32803-3248
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Hannover Life Reassurance Company of A	Occupation Manager	
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. Mr. Peter J. Bautz		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1903849826526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
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) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Stephen A Elliott		Date of Receipt 12 / 31 / 2012 Transaction ID : PR1964224826526
Mailing Address 8906 Quail Ridge Lane		Amount of Each Receipt this Period 30.00
City Lenox	State KS	Zip Code 66220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Fidelity Security	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 15 OF 30
<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. William R Hobbs
Full Name (Last, First, Middle Initial)

Mailing Address 13005 Windsor Circle

City Leawood State KS Zip Code 66209-1793

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

Name of Employer Fidelity Security Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1964225726526

Amount of Each Receipt this Period **75.00**

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

B. James C Leuschke
Full Name (Last, First, Middle Initial)

Mailing Address 12901 Nebo Hills Rd

City Kearney State MO Zip Code 64060-8237

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

Name of Employer Fidelity Security Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1964226126526

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$10.00 Semi-Monthly)

C. Anita Peduzzi
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue Suite 700 W

City Washington State DC Zip Code 20001-2146

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

Name of Employer American Council of Life Insurers Occupation PAC Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1978714926526

Amount of Each Receipt this Period **125.01**

P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **230.01**

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 16 OF 30
	<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

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

A. Joshua T. Mauthe
Full Name (Last, First, Middle Initial)

Mailing Address 2210 12th St NW

City Washington State DC Zip Code 20009-4404

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

Name of Employer American Council of Life Insurers Occupation Meeting Planner-Special Projects Coord

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR1978715626526

Amount of Each Receipt this Period **60.00**

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

B. Richard Jones Jr
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Wornall Rd #1010-1011

City Kansas City State MO Zip Code 64111-3270

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

Name of Employer Fidelity Security Life Insurance Co. Occupation Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR2008166726526

Amount of Each Receipt this Period **45.00**

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

c. Mr. Gary E. Hughes
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 Executive Vice President & General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3850.07**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR771358226526

Amount of Each Receipt this Period **481.26**

P/R Deduction (\$160.42 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... **586.26**

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 17 OF 30
	<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

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

A. Mr. Carl B. Wilkerson
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 VP & Chief Counsel, Securities & Litig

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR771358326526

Amount of Each Receipt this Period
25.50

P/R Deduction (\$8.50 Semi-Monthly)

B. 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 ▼
1318.07

Date of Receipt
12 / 31 / 2012
Transaction ID : PR771362426526

Amount of Each Receipt this Period
164.76

P/R Deduction (\$54.92 Semi-Monthly)

C. 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 ▼
240.00

Date of Receipt
12 / 31 / 2012
Transaction ID : PR771362726526

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.26

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 18 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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 ▼ **720.00**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR771365426526

Amount of Each Receipt this Period **90.00**

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

B. Mr. J. Bruce Ferguson
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 Senior Vice President, State Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3532.56**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR771373226526

Amount of Each Receipt this Period **441.57**

P/R Deduction (\$147.19 Semi-Monthly)

C. Ms. Shawn Hausman
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 Sr. Vice President, Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **714.48**

Date of Receipt **12 / 31 / 2012**

Transaction ID : PR771373526526

Amount of Each Receipt this Period **89.31**

P/R Deduction (\$29.77 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	620.88
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 19 OF 30
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. David M. Leifer		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771374026526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 241.74
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.58 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 1933.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. James D. Hall		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771374326526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 45.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. C. Bryan Cox		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771376826526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 82.50
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.50 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 660.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	369.24
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 20 OF 30
	<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	

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

A. Mr. John W. Mangan CEBS
 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 Regional Vice President, State Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR771377126526
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Semi-Monthly)

B. Ms. Kimberly O. Dorgan
 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 Senior Executive Vice President, Publi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.92

Date of Receipt 12 / 31 / 2012
Transaction ID : PR771395126526
 Amount of Each Receipt this Period 624.99
 P/R Deduction (\$208.33 Semi-Monthly)

C. 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 ▼ 240.00

Date of Receipt 12 / 31 / 2012
Transaction ID : PR771408126526
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	954.99
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 21 OF 30
	<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

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

Full Name (Last, First, Middle Initial) A. Ms. Maria L. Palacios		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771408826526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 29.43
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$9.81 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Managing Director, Human Resources	Aggregate Year-to-Date 235.44	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Morris R. Goff		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771419326526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 288.39
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.13 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 2307.12	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Brenda S. Nation		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771419926526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 225.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	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 1800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	542.82
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Debra K. West		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771421026526
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
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) ▼	
Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Mr. Michael Lovendusky		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771421126526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 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 ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey J. Janoska		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771423126526
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 35.01
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Policy Analyst	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 278.40		

SUBTOTAL of Receipts This Page (optional).....▶	245.01
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 23 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Lisa J. Tate		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771423226526
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 120.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel	Aggregate Year-to-Date 960.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Nina Aponte		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771425326526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 30.00
City Washington State DC Zip Code 20001-2133	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 Senior Staff Accountant	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. David C. Turner		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771428926526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 386.49
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$128.83 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary	Aggregate Year-to-Date 3091.93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	536.49
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 24 OF 30
	<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	

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

Full Name (Last, First, Middle Initial) A. Ms. Miriam Krol		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771434026526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 30.00
City Washington	State DC	Zip Code 20001-2133
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 Vice President, Long Term Care	
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. Mr. Kynondo Lewis		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771439626526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 31.50
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.50 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Legal Editor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) C. Ms. Alane R. Dent		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771444326526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 278.13
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$92.71 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2225.04	

SUBTOTAL of Receipts This Page (optional).....▶	339.63
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 25 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. T. Scott Dixon		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771444926526
Mailing Address 101 Constitution Avenue NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Finance Director	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Andrew M. Melnyk		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771445826526
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 58.05
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.35 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Managing Director, Research	Aggregate Year-to-Date 464.41	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Julie A. Spiezio		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771449626526
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 75.00
City Washington State DC Zip Code 20001-2133	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 Vice President	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	193.05
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 26 OF 30
<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) A. Mr. John K. Bruins		Date of Receipt 12 / 31 / 2012 Transaction ID : PR771450126526
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 48.45
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.15 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Actuary	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.60

Full Name (Last, First, Middle Initial) B. Mr. Raymond J. Hazel		Date of Receipt 12 / 31 / 2012 Transaction ID : PR796887926526
Mailing Address 7 Daydilly Court		Amount of Each Receipt this Period 60.00
City Wilmington State DE Zip Code 19808-1951	FEC ID number of contributing federal political committee. C	P/R Deduction (\$60.00 Monthly)
Name of Employer London Life Reinsurance Company Occupation VP Finance, & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00

Full Name (Last, First, Middle Initial) C. Mr. Maurice A. Perkins		Date of Receipt 12 / 31 / 2012 Transaction ID : PR805149126526
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 353.13
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$117.71 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2825.03

SUBTOTAL of Receipts This Page (optional).....▶	461.58
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 27 OF 30
(check only one)

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

A. Mr. Wayne A. Mehlman
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 Counsel, Insurance Regulation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 31 / 2012

Transaction ID : PR904819526526

Amount of Each Receipt this Period
75.00

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

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	9248.18

**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

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

Full Name (Last, First, Middle Initial)

A. The Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void - The Freedom Fund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 49604223

Amount of Each Disbursement this Period

Void - The Freedom Fund

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Mr. John Patterson

Mailing Address 10075 Red Run Blvd

City Owings Mills State MD Zip Code 21117-4865

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 49632907

Amount of Each Disbursement this Period

22.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

22.00

22.00