



**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="2013"/>	<input type="text" value="278831.80"/>	<input type="text" value="278831.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="401309.47"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32094.10"/>	<input type="text" value="365671.77"/>
(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="433403.57"/>	<input type="text" value="644503.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28100.00"/>	<input type="text" value="239200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="405303.57"/>	<input type="text" value="405303.57"/>
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).....	21102.62	189409.04
(ii) Unitemized .....	4491.48	29762.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25594.10	219171.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6500.00	140000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32094.10	359171.77
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	6500.00
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))..... ▶	32094.10	365671.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32094.10	365671.77

**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.....	28100.00	235100.00
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	0.00
(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	0.00
29. Other Disbursements .....	0.00	4100.00
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)) ..	28100.00	239200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28100.00	239200.00

**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) .....	32094.10	359171.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32094.10	359171.77
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 31
	<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. Stephen Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Royal St

City Canton State MA Zip Code 02021-1028

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

Name of Employer Boston Mutual Life Occupation 2nd VP & Auditor

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  
 08 / 05 / 2013

**Transaction ID : 53039199**

Amount of Each Receipt this Period  
 250.00

**B. Ms. Mary T. Tillson**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 Briarcliff Road

City Brockton State MA Zip Code 02301-3009

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

Name of Employer Boston Mutual Life Insurance Company Occupation Second Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : 53039200**

Amount of Each Receipt this Period  
 750.00

**C. Mr. Peter S. Tillson**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 Briarcliff Road

City Brockton State MA Zip Code 02301-3009

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

Name of Employer Boston Mutual Life Insurance Company Occupation Vice President, Worksite Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013

**Transaction ID : 53039201**

Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 7 OF 31
	<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 Christine T Coughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Rowe Hill Road  
 City Stoneham State MA Zip Code 02180-2826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston Mutual Life Insurance Company Occupation Treasurer & 2nd VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : 53039203**  
 Amount of Each Receipt this Period  
 250.00

**B. Mr Jerry D Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7224 Massey Road  
 City Granbury State TX Zip Code 76049-2230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Farm Life Insurance Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : 53039658**  
 Amount of Each Receipt this Period  
 1750.00

**C. Mr. Mark Bigsby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1027 Belmont Drive  
 City Kennedale State TX Zip Code 76060-5617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Farm Life Insurance Occupation Senior Vice President & 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  
 08 / 12 / 2013  
**Transaction ID : 53039659**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 8 OF 31
<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 Richard R Jernigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6921 CR 204

City Grandview State TX Zip Code 76050

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

Name of Employer National Farm Life Insurance Occupation Senior Vice President, Administration

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  
 08 / 12 / 2013  
**Transaction ID : 53039661**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3323 Shellbrook Cr

City Arlington State TX Zip Code 76016-2064

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

Name of Employer National Farm Life Insurance Occupation Executive Vice President

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  
 08 / 12 / 2013  
**Transaction ID : 53039662**

Amount of Each Receipt this Period  
 500.00

**C. Mr. Mark E Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 Crestview Drive

City Grapevine State TX Zip Code 76051-3571

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

Name of Employer National Farm Life Insurance Occupation Vice President, Investments

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  
 08 / 12 / 2013  
**Transaction ID : 53039687**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 9 OF 31
	<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. Jean-Francois Poulin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1287 Sentry Parkway West  
 Suite 420  
 City Bluebell State PA Zip Code 19422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer London Life Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : 53039704**  
 Amount of Each Receipt this Period  
 2500.00

**B. Ms. D. J. Saltsman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3852 Hallman Avenue  
 City Collegeville State PA Zip Code 19426-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer London Life Reinsurance Company Occupation Underwriter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : 53039705**  
 Amount of Each Receipt this Period  
 225.00

**C. Mr. Eric J. Bernazzani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Shaw Ave  
 City Abington State MA Zip Code 02351-1624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston Mutual Life Insurance Company Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2013  
**Transaction ID : 53039724**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3225.00
<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 10 OF 31
<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. James G. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4608 Driftwood

City Frisco	State TX	Zip Code 75034-5132
----------------	-------------	------------------------

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

Name of Employer Central Security Life Insurance Compan	Occupation Executive Vice President
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2013

**Transaction ID : 53039827**

Amount of Each Receipt this Period  
2500.00

**B. Mr. Howard V. Neff**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Equestrian Lane

City East Falmouth	State MA	Zip Code 02536-7903
-----------------------	-------------	------------------------

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

Name of Employer Boston Mutual Life Insurance Company	Occupation Vice President, Real Estate and CIO
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

**Transaction ID : 53043418**

Amount of Each Receipt this Period  
750.00

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

Mailing Address 120 Royall St

City Canton	State MA	Zip Code 02021-1028
----------------	-------------	------------------------

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

Name of Employer Boston Mutual Life Insurance Company	Occupation Vice President & General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

**Transaction ID : 53043419**

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 11 OF 31
	<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. Thomas A Munson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Stonebrook Court

City Brownwood State TX Zip Code 76801-6036

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 08 / 26 / 2013  
**Transaction ID : 53043979**

Amount of Each Receipt this Period 1250.00

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

Mailing Address 56 Perimeter Center East NE Suite 500

City Atlanta State GA Zip Code 30346

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

Name of Employer Munich American Reassurance Company Occupation SVP Individual Reinsurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2013  
**Transaction ID : 53165720**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111-0001

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

Name of Employer MassMutual Life Insurance Company Occupation Executive Vice President/CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2013  
**Transaction ID : 53176221**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2750.00

**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 31
<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. Donald L. Walker</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR1156427128364</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. C	P/R Deduction (\$50.00 Semi-Monthly)
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 ▼ 800.00

Full Name (Last, First, Middle Initial) <b>B. Ms. Mandana Parsazad</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR1481799828364</b>
Mailing Address 1914 Horse Shoe Drive		Amount of Each Receipt this Period 40.00
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 ▼ 320.00

Full Name (Last, First, Middle Initial) <b>C. Mr. Scott E. Smith</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR150355328364</b>
Mailing Address 19 Cardinal Way		Amount of Each Receipt this Period 60.00
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 ▼ 360.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 31
<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 L Tedone</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR1503560128364</b>
Mailing Address 32 Lincoln		Amount of Each Receipt this Period 60.00
City Weatogue	State CT	Zip Code 06089-9780
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Vantis Life Insurance Company	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Walter C. Welsh</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR1550105928364</b>
Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Amount of Each Receipt this Period 387.18
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		P/R Deduction (\$193.59 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3097.45	

Full Name (Last, First, Middle Initial) <b>C. Ms. Gail S. Hoeflich</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR1565786728364</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	487.18
<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 14 OF 31
	<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. Ms. Shannon N. Salinas</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR1647849728364</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Kathleen F. Kiernan-Pagani</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR1728112728364</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 234.38
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		P/R Deduction (\$117.19 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 ▼ 1728.69	

Full Name (Last, First, Middle Initial) <b>C. Ms. Carolyn C. Cobb</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : PR1821819628364</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 222.18
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$111.09 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 ▼ 1667.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	496.56
<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 15 OF 31
	<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. The Honora Dirk A. Kempthorne</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1871324528364</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	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 ▼ 3333.28	

Full Name (Last, First, Middle Initial) <b>B. Mr. Brian Waidmann</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1872428328364</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	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 ▼ 3400.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Peter J. Bautz</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1903849828364</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Taxes and Retirement S	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 ▼ 320.00	

<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 16 OF 31
	<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. 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 ▼ **375.00**

Date of Receipt **08 / 31 / 2013**

**Transaction ID : PR1964225728364**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**B. 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 ▼ **666.72**

Date of Receipt **08 / 31 / 2013**

**Transaction ID : PR1978714928364**

Amount of Each Receipt this Period **83.34**

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

**C. 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 ▼ **320.00**

Date of Receipt **08 / 31 / 2013**

**Transaction ID : PR1978715628364**

Amount of Each Receipt this Period **40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **198.34**

**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 31
	<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	<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. Richard Jones Jr</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR2008166728364</b>
Mailing Address 4545 Wornall Rd #1010-1011		Amount of Each Receipt this Period 45.00
City Kansas City	State MO	Zip Code 64111-3270
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Fidelity Security Life Insurance Co.	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Seaver J. J Sowers</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR2018796028364</b>
Mailing Address 101 Constitution Avenue NW		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 (\$15.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Director, Federal Relations	
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>C. Jessica M. M Hanson</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR2023274628364</b>
Mailing Address 1707 Prince St. #2		Amount of Each Receipt this Period 50.00
City Alexandria	State VA	Zip Code 22314-2804
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 Vice President, Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 18 OF 31
<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. Gary E. Hughes</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID : PR771358228364</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 330.50
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & General Cou	P/R Deduction (\$165.25 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2644.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda H. Cunningham</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Avenue, NW Suite 700 West		<b>Transaction ID : PR771362428364</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 112.96
Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development	P/R Deduction (\$56.48 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 903.68	

Full Name (Last, First, Middle Initial) <b>C. Mr. John F. Dolan</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700 West		<b>Transaction ID : PR771365428364</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 60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	P/R Deduction (\$30.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	503.46
<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 19 OF 31
<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. J. Bruce Ferguson</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771373228364</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 300.32
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.16 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations	Aggregate Year-to-Date 2402.56	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Shawn Hausman</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771373528364</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 61.92
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.96 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs	Aggregate Year-to-Date 495.36	
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 M. Leifer</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771374028364</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 167.16
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.58 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 1337.28	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	529.40
<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 31
<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. James D. Hall**  
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 ▼ 240.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771374328364**

Amount of Each Receipt this Period 30.00

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

**B. Mr. C. Bryan Cox**  
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 ▼ 453.29

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771376828364**

Amount of Each Receipt this Period 56.66

P/R Deduction (\$28.33 Semi-Monthly)

**C. 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 ▼ 1600.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771377128364**

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 286.66

**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: (check only one)	PAGE 21 OF 31
<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. 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 ▼ 3333.28

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771395128364**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$208.33 Semi-Monthly)

**B. 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 ▼ 1578.08

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771419328364**  
 Amount of Each Receipt this Period 197.26  
 P/R Deduction (\$98.63 Semi-Monthly)

**C. 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 ▼ 1200.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771419928364**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 763.92  
**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 31
<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. Debra K. West</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771421028364</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
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	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Lovendusky</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771421128364</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
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	Aggregate Year-to-Date 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lisa J. Tate</b>		Date of Receipt 08 / 31 / 2013 <b>Transaction ID : PR771423228364</b>
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 80.00
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 640.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<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 31
<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. David C. Turner**  
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 EVP, Chief of Staff & Corp. Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2112.64

Date of Receipt  
08 / 31 / 2013  
Transaction ID : PR771428928364

Amount of Each Receipt this Period  
264.08

P/R Deduction (\$132.04 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 ▼  
1533.29

Date of Receipt  
08 / 31 / 2013  
Transaction ID : PR771444328364

Amount of Each Receipt this Period  
191.66

P/R Deduction (\$95.83 Semi-Monthly)

**C. Mr. T. 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 ▼  
320.00

Date of Receipt  
08 / 31 / 2013  
Transaction ID : PR771444928364

Amount of Each Receipt this Period  
40.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 495.74

**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 31
<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. Andrew M. Melnyk**  
 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 Managing Director, Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.16

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771445828364**  
 Amount of Each Receipt this Period 40.02  
 P/R Deduction (\$20.01 Semi-Monthly)

**B. Ms. Julie A. Spiezio**  
 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 Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771449628364**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**C. Mr. John K. Bruins**  
 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 Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.71

Date of Receipt 08 / 31 / 2013  
**Transaction ID : PR771450128364**  
 Amount of Each Receipt this Period 33.34  
 P/R Deduction (\$16.67 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.36
<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 25 OF 31
	(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. Mr. Maurice A. Perkins</b>		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20001-2133
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR805149128364</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Council of Life Insurers	Vice President, Federal Relations	<input type="text" value="241.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$120.67 Semi-Monthly)
	<input type="text" value="1930.71"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Wayne A. Mehlman</b>		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20001-2133
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR904819528364</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Council of Life Insurers	Counsel, Insurance Regulation	<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Semi-Monthly)
	<input type="text" value="400.00"/>	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="291.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="21102.62"/>

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

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

FOR LINE NUMBER: PAGE 26 OF 31  
(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. Liberty Mutual Insurance PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 175 Berkeley Street  
City Boston State MA Zip Code 02117  
FEC ID number of contributing federal political committee. **C** C00171843  
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  
08 / 20 / 2013  
**Transaction ID : 53039814**  
Amount of Each Receipt this Period  
5000.00

**B. CUNA Mutual PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 747  
City Madison State WI Zip Code 53701  
FEC ID number of contributing federal political committee. **C** C00402107  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 16 / 2013  
**Transaction ID : 53165719**  
Amount of Each Receipt this Period  
1500.00

**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).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6500.00

**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. Pat Roberts For Senate**

Mailing Address Box 433

City State Zip Code  
Great Bend KS 67530

Purpose of Disbursement

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

**Transaction ID : 52808047**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Robert Hurt For Congress**

Mailing Address PO Box 8

City State Zip Code  
Chatham VA 24531

Purpose of Disbursement

011

Candidate Name

**Rep. Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

**Transaction ID : 52808050**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Capuano For Congress Committee**

Mailing Address PO Box 440305

City State Zip Code  
Somerville MA 02144

Purpose of Disbursement

011

Candidate Name

**Rep. Michael Capuano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

**Transaction ID : 52808051**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

7	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Richard Neal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808052**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Citizens For Waters**

Mailing Address 3700 Wilshire Blvd  
Suite 1050-B

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Maxine Waters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808062**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808063**

Amount of Each Disbursement this Period

2500.00

**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. Friends of Schumer**

Mailing Address 192 Lexington Avenue  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Candidate Name

**Charles Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808909**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808910**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Austin Scott For Congress Inc**

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Candidate Name

**Rep. Austin Scott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

**Transaction ID : 52808911**

Amount of Each Disbursement this Period

1000.00

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

5000.00

**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. Bachus for Congress**

Mailing Address P O Box 1311134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Spencer Bachus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

**Transaction ID : 52808913**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael Simpson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

**Transaction ID : 52808915**

Amount of Each Disbursement this Period

2600.00
---------

Full Name (Last, First, Middle Initial)

**C. Paul Ryan for Congress**

Mailing Address P.O. Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

**Transaction ID : 52808916**

Amount of Each Disbursement this Period

1500.00
---------

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

5100.00
---------

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

28100.00
----------