FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
Washington	DC	20001 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00147066

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☒ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer *Mr. Donald L. Walker* ***[Electronically Filed]*** Date 03 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

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: 02 / 01 / 2014 To: 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		463302.78
(b) Cash on Hand at Beginning of Reporting Period	409974.76	
(c) Total Receipts (from Line 19)	23424.14	47196.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	433398.90	510498.90
7. Total Disbursements (from Line 31)	27500.00	104600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	405898.90	405898.90
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 02 / 01 / 2014 To: 02 / 28 / 2014

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)	6245.08	10902.75
(ii) Unitemized	2179.06	5293.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	8424.14	16196.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	15000.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	23424.14	47196.12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	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)) ▶	23424.14	47196.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	23424.14	47196.12

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	26000.00	103000.00
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	1500.00	1600.00
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))	27500.00	104600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	27500.00	104600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	23424.14	47196.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23424.14	47196.12
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Richard G. LaVoice

Mailing Address 777 108th Avenue NE
Suite 1200

City: Bellevue
State: WA
Zip Code: 98004-5135

FEC ID number of contributing federal political committee. C

Name of Employer: Symetra Financial Corporation
Occupation: Sales Management

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 18 / 2014

Transaction ID : 58782022

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Glen Black

Mailing Address 777 108th Avenue NE

City: Bellevue
State: WA
Zip Code: 98004-5130

FEC ID number of contributing federal political committee. C

Name of Employer: Symetra
Occupation: Vice President, Tax

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 25 / 2014

Transaction ID : 58782136

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Margaret W Skinner

Mailing Address 30 Waterside Dr
Suite 301

City: Farmington
State: CT
Zip Code: 06032-3069

FEC ID number of contributing federal political committee. C

Name of Employer: Symetra Financial Corporation
Occupation: Sr VP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : 58782224

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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

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 ▼ 795.76

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR1550105931407

Amount of Each Receipt this Period: 397.88

P/R Deduction ($198.94 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen F. Kiernan

Mailing Address 101 Constitution Ave, NW
Suite 700

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: Sr. Counsel, State Relations

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 482.72

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR1728112731407

Amount of Each Receipt this Period: 241.36

P/R Deduction ($120.68 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City: Washington
State: DC
Zip Code: 20001-2133

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 458.96

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR1821819631407

Amount of Each Receipt this Period: 229.48

P/R Deduction ($114.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 868.72

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): The Honora Dirk A. Kempthorne
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: President and CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 833.32
Date of Receipt: 02 / 28 / 2014
Transaction ID : PR1871324531407
Amount of Each Receipt this Period: 416.66
P/R Deduction ($208.33 Bi-Weekly)

B. Full Name (Last, First, Middle Initial): Mr. Brian Waidmann
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: Chief of Staff
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 02 / 28 / 2014
Transaction ID : PR1872428331407
Amount of Each Receipt this Period: 400.00
P/R Deduction ($200.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial): Mr. Gary E. Hughes
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: 713.29
Date of Receipt: 02 / 28 / 2014
Transaction ID : PR771358231407
Amount of Each Receipt this Period: 356.64
P/R Deduction ($178.32 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 1173.30

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Linda H. Cunningham

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 ▼ 232.67

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2014

Transaction ID : PR771362431407

Amount of Each Receipt this Period: 116.34

P/R Deduction ($58.17 Bi-Weekly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City: Washington
State: DC
Zip Code: 20001-2133

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 616.25

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2014

Transaction ID : PR771373231407

Amount of Each Receipt this Period: 308.12

P/R Deduction ($154.06 Bi-Weekly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City: Washington
State: DC
Zip Code: 20001-2133

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 344.67

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2014

Transaction ID : PR771374031407

Amount of Each Receipt this Period: 172.34

P/R Deduction ($86.17 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 596.80

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Mr. John W. Mangan CEBS

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 ▼ 400.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771377131407

Amount of Each Receipt this Period: 200.00

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Kimberly O. Dorgan

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 ▼ 833.32

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771395131407

Amount of Each Receipt this Period: 416.66

P/R Deduction ($208.33 Bi-Weekly)

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

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 ▼ 407.01

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771419331407

Amount of Each Receipt this Period: 203.50

P/R Deduction ($101.75 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 820.16

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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

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 ▼ 300.00

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771419931407

Amount of Each Receipt this Period: 150.00

P/R Deduction ($75.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. David C. Turner

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 ▼ 541.36

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771428931407

Amount of Each Receipt this Period: 270.68

P/R Deduction ($135.34 Bi-Weekly)

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

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 ▼ 397.51

Date of Receipt: 02 / 28 / 2014

Transaction ID : PR771444331407

Amount of Each Receipt this Period: 198.76

P/R Deduction ($99.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 619.44

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): Mr. Maurice A. Perkins
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 ▼ 833.32
Date of Receipt: 02 / 28 / 2014
Transaction ID : PR805149131407
Amount of Each Receipt this Period: 416.66
P/R Deduction ($208.33 Bi-Weekly)

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 416.66

TOTAL This Period (last page this line number only) ▶ 6245.08

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)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

A. Full Name (Last, First, Middle Initial)
AFLAC Incorporated Political Action Cmte

Mailing Address 1932 Wynnton Road

City: Columbus
State: GA
Zip Code: 31999

FEC ID number of contributing federal political committee. C C00034157

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M 02 / D D 18 / Y Y Y Y 2014

Transaction ID : 58782100

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
TIAA-CREF Political Action Committee

Mailing Address 601 Thirteenth Street NW
Suite 700

City: Washington
State: DC
Zip Code: 20005

FEC ID number of contributing federal political committee. C C00431361

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M 02 / D D 26 / Y Y Y Y 2014

Transaction ID : 58782206

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Assurant Inc. Political Action Committee

Mailing Address P.O. Box 3050

City: Milwaukee
State: WI
Zip Code: 53201

FEC ID number of contributing federal political committee. C C00185694

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M 02 / D D 27 / Y Y Y Y 2014

Transaction ID : 58782207

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 15000.00

TOTAL This Period (last page this line number only) ▶ 15000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A. Full Name (Last, First, Middle Initial): Scott Garrett for Congress
Mailing Address: P.O. Box 905
City: Newton State: NJ Zip Code: 07860
Purpose of Disbursement:
Candidate Name: Scott Garrett
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 05
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58471381
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Kirk For Senate
Mailing Address: P.O. Box 8
City: Winnetka State: IL Zip Code: 60093
Purpose of Disbursement:
Candidate Name: Rep. Mark Kirk
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: IL District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58471382
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Heidi For Senate
Mailing Address: PO Box 1577
City: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement:
Candidate Name: Sen. Heidi Heitkamp
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: ND District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58471383
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 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

A. Full Name (Last, First, Middle Initial): Friends Of John Thune
Mailing Address: PO Box 841
City: Sioux Falls State: SD Zip Code: 57101
Purpose of Disbursement:
Candidate Name: Sen. John Thune
Category/Type: 011
Office Sought: House [ ] Senate [X] President [ ] State: SD District:
Disbursement For: 2016 Primary [X] General [ ] Other (specify) [ ]
Date of Disbursement: 02 / 27 / 2014
Amount of Each Disbursement this Period: 3000.00
Transaction ID : 58471880

B. Full Name (Last, First, Middle Initial): Stabenow for US Senate
Mailing Address: PO Box 4945
City: East Lansing State: MI Zip Code: 48826
Purpose of Disbursement:
Candidate Name: Debbie Stabenow
Category/Type: 011
Office Sought: House [ ] Senate [X] President [ ] State: MI District:
Disbursement For: 2018 Primary [X] General [ ] Other (specify) [ ]
Date of Disbursement: 02 / 27 / 2014
Amount of Each Disbursement this Period: 1000.00
Transaction ID : 58471986

C. Full Name (Last, First, Middle Initial): McConnell Senate Committee '14
Mailing Address: P O Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement:
Candidate Name: Mitch McConnell
Category/Type: 011
Office Sought: House [ ] Senate [X] President [ ] State: KY District:
Disbursement For: 2014 Primary [ ] General [X] Other (specify) [ ]
Date of Disbursement: 02 / 27 / 2014
Amount of Each Disbursement this Period: 2500.00
Transaction ID : 58472558

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A. Full Name (Last, First, Middle Initial): Citizens For Tom Petri
Mailing Address: P.O. Box 270
City: Fond Du Lac State: WI Zip Code: 54936
Purpose of Disbursement:
Candidate Name: Rep. Thomas Petri
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 06
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472807
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Blumenauer For Congress
Mailing Address: 830 NE Holladay, # 105
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement:
Candidate Name: Rep. Earl Blumenauer
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472808
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Randy Hultgren For Congress
Mailing Address: PO Box 717
City: St Charles State: IL Zip Code: 60174
Purpose of Disbursement:
Candidate Name: Rep. Randy Hultgren
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 14
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472809
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A. Full Name (Last, First, Middle Initial): John Cornyn for Senate, Inc.
Mailing Address: P.O. Box 13026
City: Austin State: TX Zip Code: 78711
Purpose of Disbursement:
Candidate Name: John Cornyn
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: TX District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472810
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Neugebauer Congressional Committee
Mailing Address: P O Box 54174
City: Lubbock State: TX Zip Code: 79453
Purpose of Disbursement:
Candidate Name: Rep. Robert Neugebauer
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 19
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472811
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Friends Of Dennis Ross
Mailing Address: 133 South Harbor Drive
City: Venice State: FL Zip Code: 34285
Purpose of Disbursement:
Candidate Name: Rep. Dennis Ross
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 15
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472813
Amount of Each Disbursement this Period: 1500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A. Full Name (Last, First, Middle Initial): Lynn Jenkins For Congress
Mailing Address: P O Box 1441
City: Topeka State: KS Zip Code: 66601
Purpose of Disbursement:
Candidate Name: Lynn Jenkins
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 02
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472814
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Perlmutter For Congress
Mailing Address: 3440 Youngfield Street #264
City: Wheat Ridge State: CO Zip Code: 80033
Purpose of Disbursement:
Candidate Name: Rep. Edwin Perlmutter
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 07
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472815
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Citizens For Waters
Mailing Address: 3700 Wilshire Blvd Suite 1050-B
City: Los Angeles State: CA Zip Code: 90010
Purpose of Disbursement:
Candidate Name: Rep. Maxine Waters
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 35
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472816
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A. Full Name (Last, First, Middle Initial): Schock For Congress
Mailing Address: PO Box 10555
City: Peoria State: IL Zip Code: 61612
Purpose of Disbursement:
Candidate Name: Mr. Aaron Schock
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 18
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472817
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): South Dakota First PAC
Mailing Address: 122 Maryland Ave, NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name: South Dakota First PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472819
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: P O Box 450
City: Victor State: NY Zip Code: 14564
Purpose of Disbursement:
Candidate Name: Rep. Tom Reed
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 29
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 27 / 2014
Transaction ID : 58472820
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 26000.00

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)
21b 22 23 24 25 26
27 28a 28b 28c [X] 29 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

A. Full Name (Last, First, Middle Initial)
Coalition to Elect Larry Taylor

Mailing Address P.O. Box 1208

City: Friendswood State: TX Zip Code: 77549

Purpose of Disbursement: Larry Taylor, STATE HOUSE 24th TX

Category/Type: 011

Candidate Name: Larry Taylor

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 24

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2014

Transaction ID : 58462203

Amount of Each Disbursement this Period: 1000.00

Larry Taylor, STATE HOUSE 24th TX

B. Full Name (Last, First, Middle Initial)
Kenneth F Sheets for State Representative

Mailing Address PMB #869
6333 E Mockingbird, Suite 147

City: Dallas State: TX Zip Code: 75214

Purpose of Disbursement: Kenneth Sheets, STATE HOUSE 107th TX

Category/Type: 011

Candidate Name: TX Rep. Kenneth Sheets

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 07

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2014

Transaction ID : 58462205

Amount of Each Disbursement this Period: 500.00

Kenneth Sheets, STATE HOUSE 107th TX

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: / /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 1500.00