

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | | 463302.78 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 578315.87 | |
| (c) Total Receipts (from Line 19) | 55193.66 | 510806.75 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 633509.53 | 974109.53 |
| 7. Total Disbursements (from Line 31)..... | 9000.00 | 349600.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 624509.53 | 624509.53 |
| 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: / / 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)..... | 44788.12 | 282524.45 |
| (ii) Unitemized | 2155.54 | 31532.30 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 46943.66 | 314056.75 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 8250.00 | 191750.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 55193.66 | 505806.75 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 55193.66 | 510806.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 55193.66 | 510806.75 |

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..... | 9000.00 | 341500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 5.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 5.00 |
| 29. Other Disbursements | 0.00 | 8095.00 |
| 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)) .. | 9000.00 | 349600.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9000.00 | 349600.00 |

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) | 55193.66 | 505806.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 55193.66 | 505801.75 |
| 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: PAGE 6 OF 39
(check only one)

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

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. John F. Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 9300 Shawnee Run Road

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45243-2826 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer Western-Southern Financial Group | Occupation Chairman of the Board, President & CEO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 16 | / | 2014 |

Transaction ID : 63084015

Amount of Each Receipt this Period
5000.00

B. Steven Szubert
Full Name (Last, First, Middle Initial)

Mailing Address 4704 Vetsal Parkway East

| | | |
|--------------------|-------------|-------------------|
| City Binghamton | State NY | Zip Code 13902 |
|--------------------|-------------|-------------------|

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

| | |
|--|--------------------------|
| Name of Employer Columbian Mutual Life Insurance Compan | Occupation Controller |
|--|--------------------------|

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 |
| 10 | / | 20 | / | 2014 |

Transaction ID : 63084044

Amount of Each Receipt this Period
250.00

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

Mailing Address 4704 Vestal Parkway East

| | | |
|--------------------|-------------|-------------------|
| City Binghamton | State NY | Zip Code 13902 |
|--------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer Columbian Mutual Life Insurance Compan | Occupation Vice Prseide Special Markets |
|--|--|

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 |
| 10 | / | 20 | / | 2014 |

Transaction ID : 63084045

Amount of Each Receipt this Period
250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| 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 7 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

Full Name (Last, First, Middle Initial)
A. Dale A. Spencer

Mailing Address 122 Fenner Hill Road

City State Zip Code
Port Crane NY 13833-1414

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

Name of Employer Occupation
Columbian Financial Group Investments Professional

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
10 / 20 / 2014
Transaction ID : 63084046

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Richard S. Relf Jr.

Mailing Address 3708 Lake Moraine Road

City State Zip Code
Madison NY 13402-1606

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

Name of Employer Occupation
Columbian Mutual Life Insurance Compan VP, Administration

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
10 / 20 / 2014
Transaction ID : 63084047

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Gerald J. Hennenhoef

Mailing Address 34 Deer Creek Drive

City State Zip Code
O Fallon MO 63366-1459

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

Name of Employer Occupation
Columbian Mutual Life Insurance Compan Vice President, Sales & Marketing

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
10 / 20 / 2014
Transaction ID : 63084048

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Jack Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 11 Devonshire Court

City Plainview State NY Zip Code 11803-3209

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President, Pricing & Product Deve

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2014
Transaction ID : 63084049

Amount of Each Receipt this Period 250.00

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

Mailing Address 507 Plum St

City Syracuse State NY Zip Code 13204-5429

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2014
Transaction ID : 63084050

Amount of Each Receipt this Period 250.00

C. Mr. Stuart W. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 3595 Chrstnut Drive

City Doraville State GA Zip Code 30340-2035

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation Information Systems Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 20 / 2014
Transaction ID : 63084051

Amount of Each Receipt this Period 400.00

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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

A. Amy Purdy Godleski
Full Name (Last, First, Middle Initial)

Mailing Address 4704 Vestal Parkway East

| | | |
|--------------------|-------------|-------------------|
| City Birmingham | State NY | Zip Code 13902 |
|--------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Columbian Mutual Life Insurance Compan | Occupation SVP & CFO |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 20 | / | 2014 |

Transaction ID : 63084805

Amount of Each Receipt this Period
400.00

B. Frank L Lettera
Full Name (Last, First, Middle Initial)

Mailing Address 4704 F Vestal Pkwy East

| | | |
|---------------------|-------------|-------------------|
| City Binghampton | State NY | Zip Code 13902 |
|---------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer Columbian Mutual Life Insurance Compan | Occupation SVP, General Counsel, Secretary |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 20 | / | 2014 |

Transaction ID : 63084806

Amount of Each Receipt this Period
400.00

C. Daniel L Shinnick
Full Name (Last, First, Middle Initial)

Mailing Address 4704 Vestal Pkwy East

| | | |
|---------------------|-------------|-------------------|
| City Binghampton | State NY | Zip Code 13902 |
|---------------------|-------------|-------------------|

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

| | |
|--|-------------------------------------|
| Name of Employer Columbian Mutual Life Insurance Compan | Occupation Senior Vice President |
|--|-------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 20 | / | 2014 |

Transaction ID : 63084807

Amount of Each Receipt this Period
400.00

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 1200.00 |
| TOTAL This Period (last page this line number only)..... | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Michael C. Fosbury CFA
Full Name (Last, First, Middle Initial)

Mailing Address 4504 Forest Lane

City Vestal State NY Zip Code 13850-3803

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation SVP & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : 63084808

Amount of Each Receipt this Period
650.00

B. Sally A Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 230 16th St

City Rock Island State IL Zip Code 61201-8608

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

Name of Employer Royal Neighbors of America Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : 63084809

Amount of Each Receipt this Period
625.00

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

Mailing Address 230 16th St

City Rock Island State IL Zip Code 61201-8608

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

Name of Employer Royal Neighbors of America Occupation HR Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : 63085025

Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1900.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Curt Zeck | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085026 |
| Mailing Address 230 16th St | | Amount of Each Receipt this Period 625.00 |
| City Rock Island | State IL | Zip Code 61201-8608 |
| FEC ID number of contributing federal political committee. C | Name of Employer Royal Neighbors of America | Occupation CIO & Operations Executive |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Jodii Zimmerman | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085027 |
| Mailing Address 4824 E Baseline Rd | | Amount of Each Receipt this Period 500.00 |
| City Mesa | State AZ | Zip Code 85206-4676 |
| FEC ID number of contributing federal political committee. C | Name of Employer Royal Neighbors of America | Occupation CMO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Steven Snowbeck | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085028 |
| Mailing Address 3549 N Paseo Del Sol | | Amount of Each Receipt this Period 625.00 |
| City Mesa | State AZ | Zip Code 85207-1897 |
| FEC ID number of contributing federal political committee. C | Name of Employer Royal Neighbors of America | Occupation Vice President of Sales |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |

| | |
|--|---------|
| 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) | PAGE 12 OF 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Chris Graff
Full Name (Last, First, Middle Initial)

Mailing Address One National Life Dr

City Montpelier State VT Zip Code 05604-1000

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

Name of Employer Natinal Life Group Occupation VP - Coporate Communications

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
 10 / 20 / 2014

Transaction ID : 63085035

Amount of Each Receipt this Period
500.00

B. Mr. Chris C. Stroup
Full Name (Last, First, Middle Initial)

Mailing Address 187 Danbury Road
Riverview Building, 3rd Floor

City Wilton State CT Zip Code 06897-4122

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

Name of Employer Wilton Reassurance Company Occupation Chairman & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : 63085036

Amount of Each Receipt this Period
2500.00

C. Mr. Thomas E. Rattmann
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Pinebluff Drive

City Vestal State NY Zip Code 13850-2909

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation Chairman of the Board, President & Chi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : 63085037

Amount of Each Receipt this Period
2500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 39 |
| | (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 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Chris Seistrup | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085041 |
| Mailing Address 3481 E Weather Vane Rd | | Amount of Each Receipt this Period 625.00 |
| City Gilbert | State AZ | Zip Code 85296-1962 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Royal Neighbors of America | Occupation COO-EVP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Cynthia Tidwell | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085042 |
| Mailing Address 230 16th St | | Amount of Each Receipt this Period 1175.00 |
| City Rock Island | State IL | Zip Code 61201-8608 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Royal Neighbors of America | Occupation President & CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1175.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Marc Schoenfeld | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2014 Transaction ID : 63085043 |
| Mailing Address 230 16th Street | | Amount of Each Receipt this Period 625.00 |
| City Rock Island | State IL | Zip Code 61201-8608 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Royal Neighbors of America | Occupation CFO & Treasurer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2425.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Michael L. Greer | | Date of Receipt 10 / 23 / 2014 Transaction ID : 63085425 |
| Mailing Address 187 Danbury Road Riverview Building, 3rd Floor | | Amount of Each Receipt this Period 500.00 |
| City Wilton | State CT | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Wilton Reassurance Company | Occupation Senior Vice President & Chief Pricing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Michael E. Fleitz | | Date of Receipt 10 / 23 / 2014 Transaction ID : 63085426 |
| Mailing Address 187 Danbury Road Riverview Building, 3rd Floor | | Amount of Each Receipt this Period 500.00 |
| City Wilton | State CT | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Wilton Reassurance Company | Occupation Senior Vice President & Chief Financia | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mr. Andrew J. Wood | | Date of Receipt 10 / 23 / 2014 Transaction ID : 63085427 |
| Mailing Address 18 North Nabby Road | | Amount of Each Receipt this Period 500.00 |
| City Danbury | State CT | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer Wilton Reassurance Company | Occupation Senior Vice President & Chief Technolo | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 16 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Mr. Enrico J. Treglia

Mailing Address 9 Logans Way

City Danbury State CT Zip Code 06811-4465

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

Name of Employer Wilton Reassurance Company Occupation Senior Vice President & Chief Operatin

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
 10 / 23 / 2014

Transaction ID : **63085428**

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Ray Eckert

Mailing Address 77 Milstone Rd

City Wilton State CT Zip Code 06897-1107

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

Name of Employer Wilton Reassurance Company Occupation SVP, Chief Sales & Marketing Officer

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
 10 / 23 / 2014

Transaction ID : **63085429**

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Kirt A Walker

Mailing Address One Nationwide Blvd

City Columbus State OH Zip Code 43215

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

Name of Employer Nationwide Financial Occupation President & COO

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
 10 / 27 / 2014

Transaction ID : **63085431**

Amount of Each Receipt this Period
 2500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| 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 17 OF 39 |
| | <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 |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Kevin T Reynolds | | Date of Receipt |
| Mailing Address 600 Dresher Road | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Horsham | PA | 19044-2204 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 63085520 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Name of Employer | Occupation | |
| Penn Mutual Life Insurance Company, Th | Chief Legal Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dawn Reyes | | Date of Receipt |
| Mailing Address 777 108th Ave NE Suite 1200 | | <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Bellevue | WA | 98004-5135 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 63085540 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | |
| Symetra Financial Corporation | VP, Information Technology | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Donald L. Walker | | Date of Receipt |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Washington | DC | 20001-2133 |
| FEC ID number of contributing federal political committee. | | Transaction ID : PR1156427137504 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="100.00"/> |
| Name of Employer | Occupation | |
| American Council of Life Insurers | SVP, Administration & CFO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1050.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

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

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1350.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 10075 Red Run Blvd

City Owings Mills State MD Zip Code 21117-4865

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

Name of Employer Baltimore Life Insurance Company Occupation Senior Vice President, Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **253.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1231727537504

Amount of Each Receipt this Period **22.00**

P/R Deduction (\$11.00 Bi-Weekly)

B. Mr. W. Bryant Sadler
Full Name (Last, First, Middle Initial)

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 Staff Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1415470237504

Amount of Each Receipt this Period **20.00**

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

C. Ms. Mandana Parsazad
Full Name (Last, First, Middle Initial)

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR1481799837504

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **92.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ms. Gail S. Hoeflich

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 Legislative Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1565786737504

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. Ms. Shannon N. Salinas

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 Counsel, Taxes & Retirement Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1647849737504

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. 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 ▼
2534.28

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR1728112737504

Amount of Each Receipt this Period
241.36

P/R Deduction (\$120.68 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **321.36**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Carolyn C. Cobb | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1821819637504 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 229.48 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$114.74 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 ▼ 2409.54 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. The Honora Dirk A. Kempthorne | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1871324537504 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 416.66 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$208.33 Semi-Monthly) |
| Name of Employer American Council of Life Insurers | Occupation President and CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 4374.93 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Lisa Smith | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1871488837504 |
| Mailing Address 800 North Magnolia Ave. Suite 1400 | | Amount of Each Receipt this Period 40.00 |
| City Orlando | State FL | Zip Code 32803-3248 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Hannover Life Reassurance Company of A | Occupation Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 686.14 |
| 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 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. Brian Waidmann
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 Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4200.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1872428337504

Amount of Each Receipt this Period
400.00

P/R Deduction (\$200.00 Semi-Monthly)

B. Mr. Peter J. Bautz
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, Taxes and Retirement S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1903849837504

Amount of Each Receipt this Period
40.00

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

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

Mailing Address 9124 MidPines Court

City Orlando State FL Zip Code 32819-4307

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR1948888437504

Amount of Each Receipt this Period
24.00

P/R Deduction (\$12.00 Bi-Weekly)

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 464.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Stephen A Elliott | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1964224837504 |
| Mailing Address 8906 Quail Ridge Lane | | Amount of Each Receipt this Period 30.00 |
| City Lenox | State KS | Zip Code 66220 |
| FEC ID number of contributing federal political committee. C | Name of Employer Fidelity Security | Occupation Attorney |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$10.00 Bi-Weekly) |

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Brenda Gordanier | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1964225337504 |
| Mailing Address 11913 E. 86th St. | | Amount of Each Receipt this Period 30.00 |
| City Raytown | State MO | Zip Code 64138-5166 |
| FEC ID number of contributing federal political committee. C | Name of Employer Fidelity Security | Occupation AVP - Reinsurance |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$10.00 Bi-Weekly) |

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. William R Hobbs | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1964225737504 |
| Mailing Address 13005 Windsor Circle | | Amount of Each Receipt this Period 75.00 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 525.00 | P/R Deduction (\$25.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 135.00 |
| 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 23 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Anita Peduzzi | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1978714937504 |
| Mailing Address 101 Constitution Avenue Suite 700 W | | Amount of Each Receipt this Period 83.34 |
| City Washington State DC Zip Code 20001-2146 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$41.67 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation PAC Director | Aggregate Year-to-Date 875.07 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Joshua T. Mauthe | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR1978715637504 |
| Mailing Address 2210 12th St NW | | Amount of Each Receipt this Period 40.00 |
| City Washington State DC Zip Code 20009-4404 | 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 Meeting Planner-Special Projects Coord | Aggregate Year-to-Date 420.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Seaver J. J Sowers | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR2018796037504 |
| 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 | Aggregate Year-to-Date 315.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 153.34 |
| 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: | PAGE 24 OF 39 |
| | (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

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

Mailing Address 800 N Magnolia Avenue
Suite 1400

City Orlando State FL Zip Code 32803-3248

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.50

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2019034837504

Amount of Each Receipt this Period
21.00

P/R Deduction (\$10.50 Bi-Weekly)

B. Jessica M. M Hanson
Full Name (Last, First, Middle Initial)

Mailing Address 1707 Prince St.
#2

City Alexandria State VA Zip Code 22314-2804

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

Name of Employer American Council of Life Insurers
Occupation Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.90

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2023274637504

Amount of Each Receipt this Period
83.40

P/R Deduction (\$41.70 Semi-Monthly)

C. Mariana E. E Gomez
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers
Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2122881837504

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.40

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Emily C. C Micale
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2122882037504

Amount of Each Receipt this Period
50.00

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

B. James Szostek
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 Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2122891037504

Amount of Each Receipt this Period
50.00

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

C. Carly L. L McCallie
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 Law & Regulation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2160513337504

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 130.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Legislative Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR2160513737504

Amount of Each Receipt this Period
50.00

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

Full Name (Last, First, Middle Initial)
B. 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 ▼
3744.73

Date of Receipt
11 / 24 / 2014
Transaction ID : PR771358237504

Amount of Each Receipt this Period
356.64

P/R Deduction (\$178.32 Semi-Monthly)

Full Name (Last, First, Middle Initial)
c. 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 ▼
1221.56

Date of Receipt
11 / 24 / 2014
Transaction ID : PR771362437504

Amount of Each Receipt this Period
116.34

P/R Deduction (\$58.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 522.98

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 27 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ms. Roberta B. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR771362737504
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Semi-Monthly)

B. Mr. John F. Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 24 / 2014
Transaction ID : PR771365437504
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Semi-Monthly)

C. Mr. J. Bruce Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3235.27

Date of Receipt 11 / 24 / 2014
Transaction ID : PR771373237504
 Amount of Each Receipt this Period 308.12
 P/R Deduction (\$154.06 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 388.12
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 28 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ms. Shawn Hausman
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **674.32**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771373537504

Amount of Each Receipt this Period **64.22**

P/R Deduction (\$32.11 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1809.56**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771374037504

Amount of Each Receipt this Period **172.34**

P/R Deduction (\$86.17 Semi-Monthly)

C. 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 ▼ **315.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771374337504

Amount of Each Receipt this Period **30.00**

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

SUBTOTAL of Receipts This Page (optional)..... **266.56**

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 29 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. C. Bryan Cox | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771376837504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 58.40 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$29.20 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio | Aggregate Year-to-Date 613.20 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan CEBS | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771377137504 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 200.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$100.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio | Aggregate Year-to-Date 2100.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ms. Kimberly O. Dorgan | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771395137504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 416.66 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$208.33 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Publi | Aggregate Year-to-Date 4374.93 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 675.06 |
| 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 30 OF 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ms. Olivia H. Gillis | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771408137504 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 20.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Assoc. Director, Legislative & Regulat | Aggregate Year-to-Date 210.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Maria L. Palacios | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771408837504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 21.12 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$10.56 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Managing Director, Human Resources | Aggregate Year-to-Date 221.76 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Paul S. S. Graham III | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771412637504 |
| Mailing Address 101 Constitution Avenue 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 SVP, Insurance Regulation & Chief Actu | Aggregate Year-to-Date 420.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 81.12 |
| 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 31 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. Morris R. Goff | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR771419337504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 203.50 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$101.75 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations | Aggregate Year-to-Date 2136.76 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Ms. Brenda S. Nation | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR771419937504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 West | | Amount of Each Receipt this Period 150.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$75.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio | Aggregate Year-to-Date 1575.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ms. Debra K. West | | Date of Receipt 11 / 24 / 2014 Transaction ID : PR771421037504 |
| 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 1050.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 453.50 |
| 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 32 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mr. Michael Lovendusky
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR771421137504
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

B. Mr. Jeffry J. Janoska
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Policy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR771423137504
 Amount of Each Receipt this Period 24.86
 P/R Deduction (\$12.43 Semi-Monthly)

C. Ms. Lisa J. Tate
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : PR771423237504
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Semi-Monthly)

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.86 |
| 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 33 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Ms. Nina Aponte | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID : PR771425337504 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer American Council of Life Insurers | Occupation Senior Staff Accountant | P/R Deduction (\$10.00 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. John P. John P. Gerni | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID : PR771428737504 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer American Council of Life Insurers | Occupation Regional Vice President, State Relatio | P/R Deduction (\$75.00 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. David C. Turner | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Transaction ID : PR771428937504 |
| City Washington | State DC | Zip Code 20001-2133 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 270.68 |
| Name of Employer American Council of Life Insurers | Occupation EVP, Chief of Staff & Corp. Secretary | P/R Deduction (\$135.34 Semi-Monthly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2842.14 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 440.68 |
| 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 34 OF 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Ms. Miriam Krol
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, Long Term Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
11 / 24 / 2014
Transaction ID : PR771434037504

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Legal Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.66

Date of Receipt
11 / 24 / 2014
Transaction ID : PR771439637504

Amount of Each Receipt this Period
22.92

P/R Deduction (\$11.46 Semi-Monthly)

C. 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 ▼
2086.97

Date of Receipt
11 / 24 / 2014
Transaction ID : PR771444337504

Amount of Each Receipt this Period
198.76

P/R Deduction (\$99.38 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.68

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 35 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Mr. 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 ▼ **420.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771444937504

Amount of Each Receipt this Period **40.00**

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

B. 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 ▼ **433.64**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771445837504

Amount of Each Receipt this Period **41.30**

P/R Deduction (\$20.65 Semi-Monthly)

c. 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 ▼ **950.00**

Date of Receipt **11 / 24 / 2014**

Transaction ID : PR771449637504

Amount of Each Receipt this Period **100.00**

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 181.30 |
| 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) | PAGE 36 OF 39 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Mr. John K. Bruins | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR771450137504 |
| Mailing Address 101 Constitution Avenue NW Suite 700 | | Amount of Each Receipt this Period 34.36 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$17.18 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Senior Actuary | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 360.77 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Maurice A. Perkins | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR805149137504 |
| Mailing Address 101 Constitution Ave, NW Suite 700 | | Amount of Each Receipt this Period 416.66 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$208.33 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 4374.93 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mr. Wayne A. Mehlman | | Date of Receipt MM / DD / YYYY 11 / 24 / 2014 Transaction ID : PR904819537504 |
| Mailing Address 101 Constitution Avenue, NW Suite 700 | | Amount of Each Receipt this Period 50.00 |
| City Washington State DC Zip Code 20001-2133 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$25.00 Semi-Monthly) |
| Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 525.00 | | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 501.02 |
| TOTAL This Period (last page this line number only)..... | 44788.12 |

**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 37 OF 39 |
| <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 |

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

| | | |
|---|-------------|---|
| Full Name (Last, First, Middle Initial) A. Munich American Reassurance Co PAC, Inc. | | Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014 Transaction ID : 63084016 |
| Mailing Address 56 Perimeter Ctr Suite 500 | | Amount of Each Receipt this Period 3250.00 |
| City Atlanta | State GA | |
| Zip Code 30346 | | Aggregate Year-to-Date ▼ 3250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Aggregate Year-to-Date ▼ 3250.00 | | |

| | | |
|--|-------------|---|
| Full Name (Last, First, Middle Initial) B. Swiss Re America Holding Corporation Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014 Transaction ID : 63085430 |
| Mailing Address 175 King Street | | Amount of Each Receipt this Period 5000.00 |
| City Armonk | State NY | |
| Zip Code 10504 | | Aggregate Year-to-Date ▼ 5000.00 |
| FEC ID number of contributing federal political committee. C C00462564 | | |
| Name of Employer | Occupation | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Aggregate Year-to-Date ▼ 5000.00 | | |

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8250.00 |
| TOTAL This Period (last page this line number only).....▶ | 8250.00 |

**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 |

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

Full Name (Last, First, Middle Initial)

A. The Freedom Fund

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 62579217

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Maffei

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement

Candidate Name

Mr. Daniel Maffei

Office Sought: House Senate President
State: NY District: 25

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 62579218

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Rep. Kevin Brady

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

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 62579219

Amount of Each Disbursement this Period

3000.00

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

TOTAL 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 |

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

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Mike Kelly

Office Sought: House
 Senate
 President
State: PA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 62579220

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

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