

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Council of Life Insurers Political Action Committee

ADDRESS (number and street) 101 Constitution Ave., NW  
Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00147066  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2011 through 07 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer Electronically Filed by Mr. Donald L. Walker Date 08 15 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		59453.10
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	31697.91									
(c) Total Receipts (from Line 19) .....	36826.58	218910.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	68524.49	278363.53								
7. Total Disbursements (from Line 31) .....	0.00	209839.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	68524.49	68524.49								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14458.79	72512.95
(ii) Unitemized .....	6367.79	22397.48
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20826.58	94910.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	16000.00	124000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36826.58	218910.43
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	36826.58	218910.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36826.58	218910.43

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1173.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	205165.50
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	0.00	209839.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	209839.04

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) .....	36826.58	218910.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36826.58	218910.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1173.54
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	1173.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Modern Woodmen of America PAC  
Mailing Address 1701 First Avenue

City State Zip Code  
Rock Island IL 61201

FEC ID number of contributing federal political committee. **C** C00184382

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

**Transaction ID:** 41094550  
 Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
CC Services INC Country PAC  
Mailing Address 1705 Towanda Avenue

City State Zip Code  
Bloomington IL 61701

FEC ID number of contributing federal political committee. **C** C00390971

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	1

**Transaction ID:** 41094551  
 Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Massachusetts Mutual Life Ins. Co PAC  
Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	1

**Transaction ID:** 41149515  
 Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

**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 7 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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.

Full Name (Last, First, Middle Initial) Aviva USA PAC		Date of Receipt	
Mailing Address 699 Walnut Street Suite 2000		M M / D D / Y Y Y Y 07 / 26 / 2011	
City Des Moines	State IA	Zip Code 50309	Transaction ID: 41172579
FEC ID number of contributing federal political committee. <b>C</b> C00180901		Amount of Each Receipt this Period 4000.00	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Jerry D Davis		Date of Receipt
	Mailing Address 7224 Massey Road		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Granbury	TX	76049-2230
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41094555
Name of Employer National Farm Life Insurance		Occupation President & Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Bigsby		Date of Receipt
	Mailing Address 1027 Belmont Drive		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Kennedale	TX	76060-5617
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41094556
Name of Employer National Farm Life Insurance		Occupation Senior Vice President & Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Cary Wright		Date of Receipt
	Mailing Address 3323 Shellbrook Cr		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Arlington	TX	76016-2064
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41094559
Name of Employer National Farm Life Insurance		Occupation Executive Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1600.00"/>
<b>TOTAL</b> 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 9 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr Richard R Jernigan		Date of Receipt
	Mailing Address 6921 CR 204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2011
	City	State	Zip Code
	Grandview	TX	76050
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 41094562
Name of Employer National Farm Life Insurance		Occupation Senior Vice President, Administration	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Clifford A. Lange		Date of Receipt
	Mailing Address 110 Elm Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2011
	City	State	Zip Code
	Medfield	MA	02052-2823
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 41094565
Name of Employer Boston Mutual Life Insurance Company		Occupation Vice President, CFO, & Chief Actuary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Paul E. Petry		Date of Receipt
	Mailing Address 20 Bayberry Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 20 / 2011
	City	State	Zip Code
	Osterville	MA	02655-2405
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 41149456
Name of Employer Boston Mutual Life Insurance Company		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> 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: PAGE 10 / 27

(check only one)

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

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

**A.**

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

Mailing Address 79 Briarcliff Road

City State Zip Code  
Brockton MA 02301-3009

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2011

Transaction ID: 41149473

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Linda M. Izzo

Mailing Address 40 Gloria Drive

City State Zip Code  
Bridgewater MA 02324-2100

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

Name of Employer Occupation  
Boston Mutual Life Insurance Company Vice President, Client Services

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2011

Transaction ID: 41149498

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Esfandiyar E. Dinshaw

Mailing Address 3615 131st Street

City State Zip Code  
Urbandale IA 50323-1714

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

Name of Employer Occupation  
Sammons Financial Group CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2011

Transaction ID: 41149531

Amount of Each Receipt this Period

1000.00

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

2000.00

**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 11 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. John J. Craig, II

Mailing Address 101 N. Euclid Ave  
Unit 25

City State Zip Code  
Oak Park IL 60301-1427

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

Name of Employer Occupation  
Sammons Financial Group President

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149532

Amount of Each Receipt this Period  
450.00

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

Mailing Address One Sammons Plaza

City State Zip Code  
Sioux Falls SD 57193-1001

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

Name of Employer Occupation  
Midland National Life Insurance Compan Executive Vice President Operations

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149581

Amount of Each Receipt this Period  
350.00

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

Mailing Address 17 S. Bruner

City State Zip Code  
Hinsdale IL 60521-3002

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

Name of Employer Occupation  
Midland National Life Insurance Compan President & Chief Operating Officer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149582

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**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 12 / 27  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ron G. Ottenbacher

Mailing Address 2001 Rose Creek Dr

City State Zip Code  
Fargo ND 58104-6804

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

Name of Employer: Midland National Life Insurance Company  
Occupation: SVP, Corporate Markets

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 20 / 2011  
Transaction ID: 41149583  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Garth A. Garlock

Mailing Address 563 Linden Ct.

City State Zip Code  
Geneva IL 60134-7517

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

Name of Employer: North American Company for Life & Health  
Occupation: Senior Vice President & Chief Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 20 / 2011  
Transaction ID: 41149597  
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph E. Paul

Mailing Address 4310 9th Street WEst

City State Zip Code  
West Fargo ND 58078-8244

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

Name of Employer: Midland National Life Insurance Company  
Occupation: Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 20 / 2011  
Transaction ID: 41149600  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 27  
(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.** Full Name (Last, First, Middle Initial)  
Ms. Cindy K. Reed

Mailing Address 1640 Grand Oak Lane

City State Zip Code  
Osceola IA 50213-0114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Midland National Life Insurance Company President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149696

Amount of Each Receipt this Period  
350.00

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

Mailing Address 7101 Forest Drive

City State Zip Code  
Johnston IA 50131-1240

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sammons Financial Group Chief Information Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149793

Amount of Each Receipt this Period  
300.00

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

Mailing Address 7 Joshua Drive

City State Zip Code  
West Simsbury CT 06092-2123

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sammons Financial Group Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2011

**Transaction ID:** 41149826

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

**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 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Quaranto, Jr.  
Mailing Address 3 Musket Way  
City State Zip Code  
Franklin MA 02038-3627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boston Mutual Life Insurance Company Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 29 / 2011  
Transaction ID: 41334805  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis L. Johnson, FLMI, CLU  
Mailing Address 926 W. Oakhampton Drive  
City State Zip Code  
Eagle ID 83616-6744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United Heritage Mutual Life Insurance Occupation President and CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 07 / 29 / 2011  
Transaction ID: 41334806  
Amount of Each Receipt this Period 275.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ross L. Sargent  
Mailing Address 101 Constitution Ave, NW Suite 700  
City State Zip Code  
Washington DC 20001-2133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Council of Life Insurers Occupation Senior Counsel, State Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 777.06  
Date of Receipt 07 / 31 / 2011  
Transaction ID: PR1120489722478  
Amount of Each Receipt this Period 167.83  
P/R Deduction (\$167.83 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 942.83  
**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 15 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald L. Walker

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation SVP, Administration & CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1156427122478  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

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

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1503559922478  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.95

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1503560122478  
 Amount of Each Receipt this Period 53.86  
 P/R Deduction (\$26.93 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 183.86

**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: PAGE 16 / 27  
(check only one)

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

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

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

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2586.36

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1550105922478

Amount of Each Receipt this Period 369.48

P/R Deduction (\$184.74 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Neill Jr., Jr.

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 Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1554864822478

Amount of Each Receipt this Period 40.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gail S. Steinberg

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 ▼ 280.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1565786722478

Amount of Each Receipt this Period 40.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 449.48

**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 17 / 27  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼ 280.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1647849722478

Amount of Each Receipt this Period 40.00

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

**B.**

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

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 ▼ 1066.09

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1728112722478

Amount of Each Receipt this Period 152.30

P/R Deduction (\$76.15 Semi-Monthly)

**C.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR1821819622478

Amount of Each Receipt this Period 187.50

P/R Deduction (\$93.75 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **379.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR1871324522478
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 2916.62	P/R Deduction (\$208.33 Se- mi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Brian Waidmann	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR1872428322478
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Chief of Staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2291.63	P/R Deduction (\$208.33 Se- mi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Avenue, NW Suite 700 West	<b>Transaction ID:</b> PR771358222478
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 310.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2170.00	P/R Deduction (\$155.00 Se- mi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1143.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR771362422478
Name of Employer American Council of Life Insurers		Occupation Vice President, Conference Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.13	107.16
P/R Deduction (\$53.58 Semi-Monthly)			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. John F. Dolan		Date of Receipt
	Mailing Address 101 Constitution Ave, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR771365422478
Name of Employer American Council of Life Insurers		Occupation Vice President, Media Relations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	60.00
P/R Deduction (\$30.00 Semi-Monthly)			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 31 / 2011
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR771369022478
Name of Employer American Council of Life Insurers		Occupation Vice Pres., Legislative & Regulatory I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 414.81	59.26
P/R Deduction (\$29.63 Semi-Monthly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>226.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 27  
(check only one)

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

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

**A.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2005.22

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR77137322478  
Amount of Each Receipt this Period 286.46  
P/R Deduction (\$143.23 Semi-Monthly)

**B.**

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

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 ▼ 402.64

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR77137352478  
Amount of Each Receipt this Period 57.52  
P/R Deduction (\$28.76 Semi-Monthly)

**C.**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1086.13

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR77137402478  
Amount of Each Receipt this Period 155.16  
P/R Deduction (\$77.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **499.14**

**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: PAGE 21 / 27  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James D. Hall

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 ▼ 210.00

Date of Receipt 07 / 31 / 2011  
Transaction ID: PR771374322478  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. C. Bryan Cox

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 ▼ 355.88

Date of Receipt 07 / 31 / 2011  
Transaction ID: PR771376822478  
Amount of Each Receipt this Period 50.84  
P/R Deduction (\$25.42 Semi-Monthly)

**C.**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 31 / 2011  
Transaction ID: PR771377122478  
Amount of Each Receipt this Period 200.00  
P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.84

**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 22 / 27  
(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

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Public

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2916.62

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771395122478  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$208.33 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.82

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771419322478  
 Amount of Each Receipt this Period 187.26  
 P/R Deduction (\$93.63 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771419922478  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **753.92**

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

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

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

FOR LINE NUMBER: PAGE 23 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy L. Smith

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 Assistant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771420022478  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$15.00 Semi-Monthly)

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

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 ▼ 700.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771421022478  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

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

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 ▼ 280.00

Date of Receipt 07 / 31 / 2011  
**Transaction ID:** PR771421122478  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00

**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 24 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lisa J. Tate

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 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 ▼ 560.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2011

**Transaction ID:** PR77142322478

Amount of Each Receipt this Period 80.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 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 ▼ 912.93

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2011

**Transaction ID:** PR771428722478

Amount of Each Receipt this Period 130.42

P/R Deduction (\$65.21 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation EVP, Chief of Staff & Corp. Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1755.31

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2011

**Transaction ID:** PR771428922478

Amount of Each Receipt this Period 250.76

P/R Deduction (\$125.38 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **461.18**

**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 / 27
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Alane R. Dent	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Ave, NW Suite 700	<b>Transaction ID:</b> PR771444322478
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$90.00 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 ▼ 1026.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. T. Scott Dixon	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Avenue NW Suite 700 West	<b>Transaction ID:</b> PR771444922478
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Finance Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 101 Constitution Avenue NW Suite 700	<b>Transaction ID:</b> PR771445822478
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$18.75 Semi-Monthly)
	Name of Employer American Council of Life Insurers Occupation Managing Director, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>257.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 26 / 27  
(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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Julie A. Spiezio

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 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 ▼ 350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

**Transaction ID:** PR771449622478

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John K. Bruins

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer American Council of Life Insurers  
Occupation Senior Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.37

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

**Transaction ID:** PR771450122478

Amount of Each Receipt this Period  
31.34

P/R Deduction (\$15.67 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 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 ▼ 1421.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	1

**Transaction ID:** PR805149122478

Amount of Each Receipt this Period  
229.16

P/R Deduction (\$114.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.50**

**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:	PAGE 27 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman		Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001-2133
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	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 ▼ <input type="text" value="350.00"/>	Transaction ID: PR904819522478
			Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="14458.79"/>