

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

John Hancock Life Insurance Company (USA) Federal 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"/>	<input type="text" value="12790.10"/>	<input type="text" value="12790.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20527.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14393.79"/>	<input type="text" value="24166.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="34920.89"/>	<input type="text" value="36956.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12018.00"/>	<input type="text" value="14054.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22902.89"/>	<input type="text" value="22902.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

John Hancock Life Insurance Company (USA) Federal 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).....	13746.82	19728.48
(ii) Unitemized	482.18	4273.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14229.00	24002.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14229.00	24002.00
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).....	164.79	164.79
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14393.79	24166.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14393.79	24166.79

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.....	12000.00	14000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	18.00	54.00
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)) ..	12018.00	14054.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12018.00	14054.00

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)	14229.00	24002.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14229.00	24002.00
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).....	164.79	164.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-164.79	-164.79

**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 16
(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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Emanuel Alves
 Mailing Address 42 Emerson Road
 City Milton State MA Zip Code 02186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Hancock Financial Service Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11Al.15320
 Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. James D. Gallagher
 Mailing Address 112 Old Farm Road
 City Milton State MA Zip Code 02186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Hancock Financial Service Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11Al.15356
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
C. Stephen Giles
 Mailing Address 26 Lynne Road
 City Sudbury State MA Zip Code 01776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Hancock Financial Service Occupation Assistant Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11Al.15326
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5183.33
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 16
<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

A. John R Hatch
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hollis Road

City Danvers State MA Zip Code 01923

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

Name of Employer John Hancock Financial Service Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15327

Amount of Each Receipt this Period
100.00

B. Brian Heapps
Full Name (Last, First, Middle Initial)

Mailing Address 26 Claremont Park

City Boston State MA Zip Code 02118

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

Name of Employer John Hancock Financial Service Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15328

Amount of Each Receipt this Period
75.00

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

Mailing Address 2 Nestlebrook Lane

City Medway State MA Zip Code 02053

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

Name of Employer John Hancock Fin Services Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15329

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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 16
	<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thomas J. Horack

Mailing Address 13 Skahan Road

City Belmont State MD Zip Code 02478

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

Name of Employer John Hancock Financial Services Occupation Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15330

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Robert K Leach

Mailing Address 30 Whitney Road

City Quincy State MA Zip Code 02169

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

Name of Employer John Hancock Financial Service Occupation Vice President

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
03 / 03 / 2014

Transaction ID : SA11AI.15353

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Scott A. Lively

Mailing Address 52 Rybury Hillway

City Needham State MA Zip Code 02492

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

Name of Employer John Hancock Financial Service Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15347

Amount of Each Receipt this Period
83.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **683.50**

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 9 OF 16
<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Andrew McFetridge

Mailing Address 2077 Prairie Dunes Court

City Ann Arbor State MI Zip Code 48108

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

Name of Employer John Hancock Financial Service Occupation Divisional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15335

Amount of Each Receipt this Period
208.33

Full Name (Last, First, Middle Initial)
B. W. Reid McLay

Mailing Address 608 Cape McKinsey Drive

City Severna Park State MD Zip Code 21146

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

Name of Employer John Hancock Fin Services Occupation Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15336

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Christopher W. Mee

Mailing Address 15864 72nd Dive North

City Palm Beach Gardens State FL Zip Code 33418

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

Name of Employer John Hancock Financial Serv. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15337

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	558.33
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 16
<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

A. James F. O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 28 Belvedere Road

City Boxford State MA Zip Code 01921

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

Name of Employer John Hancock Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15338

Amount of Each Receipt this Period
150.00

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

Mailing Address 15 Boyden Road

City Wrentham State MA Zip Code 02093

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

Name of Employer John Hancock Fin Services Occupation Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15340

Amount of Each Receipt this Period
80.00

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

Mailing Address 320 West Second Street #302

City South Boston State MA Zip Code 02127

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

Name of Employer John Hancock Insurance Co Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.15342

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	313.33
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 16
<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

A. Mark S. Rizza
Full Name (Last, First, Middle Initial)

Mailing Address 20 Stage Coach Road

City State Zip Code
Topsfield MA 01983

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

Name of Employer Occupation
John Hancock Financial Service Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2014
Transaction ID : SA11AI.15373

Amount of Each Receipt this Period
2500.00

B. Charles Rizzo
Full Name (Last, First, Middle Initial)

Mailing Address 3 Rosewood Lane

City State Zip Code
Hingham MA 02043

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

Name of Employer Occupation
John Hancock Financial Service Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : SA11AI.15343

Amount of Each Receipt this Period
83.33

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

Mailing Address 7 Hitchcock Road

City State Zip Code
Foxboro MA 02035

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

Name of Employer Occupation
John Hancock Financial Serv. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : SA11AI.15345

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	2683.33
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 16
<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)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

A. Thomas Samoluk
Full Name (Last, First, Middle Initial)

Mailing Address 62 Sunset Rock Road

City Andover State MA Zip Code 01810

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

Name of Employer John Hancock Financial Service Occupation Vice President

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
 03 / 03 / 2014
Transaction ID : SA11AI.15354

Amount of Each Receipt this Period
 2500.00

B. Louise Santosuosso
Full Name (Last, First, Middle Initial)

Mailing Address 10 Sandspur Lane

City N. Reading State MA Zip Code 01864

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

Name of Employer John Hancock Financial Service Occupation Assistant Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.15346

Amount of Each Receipt this Period
 100.00

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

Mailing Address 5 Longwood Road

City Milton State MA Zip Code 02186

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

Name of Employer John Hancock Financial Service Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.15348

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 13 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
John Hancock Life Insurance Company (USA) Federal Political Action Committee

A. Joseph Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Sw South Carolina Drive
 City Stuart State FL Zip Code 34994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Hancock Financial Service Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.15349
 Amount of Each Receipt this Period
 250.00

B. Anthony Teta
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Peak Hill Road
 City Roslindale State MA Zip Code 02131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Hancock Financial Service Occupation Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : SA11AI.15357
 Amount of Each Receipt this Period
 1000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	13746.82

**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)

John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. BEN CARDIN FOR SENATE

Mailing Address PO BOX 65056

City BALTIMORE State MD Zip Code 21209

Purpose of Disbursement
Campaign Contribution

Candidate Name

Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : SB23.15362

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	4

Transaction ID : SB23.15366

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. HUIZENGA FOR CONGRESS

Mailing Address 441 WILLIAMS COURT

City ZEELAND State MI Zip Code 49464

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	4

Transaction ID : SB23.15361

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

2	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : SB23.15371

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. MARKEY COMMITTEE; THE

Mailing Address PO BOX 526

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement
Campaign Contribution

Candidate Name

EDWARD J MARKEY

Office Sought: House
 Senate
 President
State: MA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	4

Transaction ID : SB23.15367

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RUBIO VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

MARCO RUBIO

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.15370

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

John Hancock Life Insurance Company (USA) Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address PO BOX 3498

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	4

Transaction ID : SB23.15363

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/
Type

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

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

2	0	0	0	0	0	0	0	0	0
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1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---