

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PROTECTIVE LIFE CORPORATION FEDERAL PAC

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"/>		102725.90
(b) Cash on Hand at Beginning of Reporting Period.....	107706.88	
(c) Total Receipts (from Line 19)	15329.30	53810.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123036.18	156536.18
7. Total Disbursements (from Line 31).....	6162.39	39662.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	116873.79	116873.79
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

PROTECTIVE LIFE CORPORATION FEDERAL PAC

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).....	14992.04	49307.88
(ii) Unitemized	337.26	4502.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15329.30	53810.28
(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)	15329.30	53810.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15329.30	53810.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15329.30	53810.28

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	162.39	162.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	162.39	162.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	39500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	6162.39	39662.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6162.39	39662.39

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)	15329.30	53810.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15329.30	53810.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	162.39	162.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.39	162.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. SCOTT ADAMS

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002663S000001L11A1

Amount of Each Receipt this Period
 56.25

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. SCOTT ADAMS

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000001L11A1

Amount of Each Receipt this Period
 56.25

PAYROLL DEDUCTION

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

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000001L11A1

Amount of Each Receipt this Period
 56.25

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.75

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 95
<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. SCOTT ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt 08 / 31 / 2014
Transaction ID : B002680S000001L11A1

Amount of Each Receipt this Period 56.25

PAYROLL DEDUCTION

B. SCOTT ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000001L11A1

Amount of Each Receipt this Period 56.25

PAYROLL DEDUCTION

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

Mailing Address 3124 PINE RIDGE ROAD

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP & CHIEF HR OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1012.50

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000001L11A1

Amount of Each Receipt this Period 56.25

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 168.75

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 8 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002664S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

B. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 31 / 2014
Transaction ID : B002669S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

C. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 15 / 2014
Transaction ID : B002675S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 9 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2014
Transaction ID : B002681S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

B. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002685S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

C. M. LEE BARTLETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 3155 PINE RIDGE ROAD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002693S000001L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 10 OF 95
(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. MICHAEL BELL

Mailing Address 1603 QUAIL RIDGE DRIVE

City GARDENDALE	State AL	Zip Code 35071
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000002L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. MICHAEL BELL

Mailing Address 1603 QUAIL RIDGE DRIVE

City GARDENDALE	State AL	Zip Code 35071
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FEC ID number of contributing federal political committee. **C**

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000002L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

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

Mailing Address 1603 QUAIL RIDGE DRIVE

City GARDENDALE	State AL	Zip Code 35071
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FEC ID number of contributing federal political committee. **C**

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000002L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. RICHARD J. BIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 3720 WIMBLETON LANE

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE CHAIRMAN

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 Y
 07 / 15 / 2014
Transaction ID : B002663S000002L11A1

Amount of Each Receipt this Period
 328.13

PAYROLL DEDUCTION

B. RICHARD J. BIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 3720 WIMBLETON LANE

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE CHAIRMAN

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 Y
 07 / 31 / 2014
Transaction ID : B002668S000002L11A1

Amount of Each Receipt this Period
 328.13

PAYROLL DEDUCTION

C. RICHARD J. BIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 3720 WIMBLETON LANE

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE CHAIRMAN

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 Y
 08 / 15 / 2014
Transaction ID : B002674S000002L11A1

Amount of Each Receipt this Period
 328.13

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	984.39
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 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. RICHARD J. BIELEN
Full Name (Last, First, Middle Initial)

Mailing Address 3720 WIMBLETON LANE

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 31 / 2014
Transaction ID : B002680S000002L11A1

Amount of Each Receipt this Period 140.57

PAYROLL DEDUCTION

B. LANCE BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 1817 SURREY OAKS LANE

City VESTAVIA State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP, TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000003L11A1

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION

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

Mailing Address 1817 SURREY OAKS LANE

City VESTAVIA State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP, TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2014
Transaction ID : B002668S000003L11A1

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.57

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 14 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. LANCE BLACK
Full Name (Last, First, Middle Initial)
Mailing Address 1817 SURREY OAKS LANE

City VESTAVIA	State AL	Zip Code 35243
------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SVP, TREASURER
---	------------------------------

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
08	/	15	/	2014

Transaction ID : B002674S000003L11A1

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

B. LANCE BLACK
Full Name (Last, First, Middle Initial)
Mailing Address 1817 SURREY OAKS LANE

City VESTAVIA	State AL	Zip Code 35243
------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SVP, TREASURER
---	------------------------------

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
08	/	31	/	2014

Transaction ID : B002680S000003L11A1

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

C. LANCE BLACK
Full Name (Last, First, Middle Initial)
Mailing Address 1817 SURREY OAKS LANE

City VESTAVIA	State AL	Zip Code 35243
------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SVP, TREASURER
---	------------------------------

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
09	/	15	/	2014

Transaction ID : B002684S000002L11A1

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. LANCE BLACK
Full Name (Last, First, Middle Initial)

Mailing Address 1817 SURREY OAKS LANE

City	State	Zip Code
VESTAVIA	AL	35243

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SVP, TREASURER

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
09	/	30	/	2014

Transaction ID : B002692S000002L11A1

Amount of Each Receipt this Period

450.00

PAYROLL DEDUCTION

B. EDNA BOATRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 107 OAKS DRIVE

City	State	Zip Code
BIRMINGHAM	AL	35209

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

Name of Employer	Occupation
PROTECTIVE LIFE INSURANCE COMPANY	VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000003L11A1

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

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

Mailing Address 107 OAKS DRIVE

City	State	Zip Code
BIRMINGHAM	AL	35209

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

Name of Employer	Occupation
PROTECTIVE LIFE INSURANCE COMPANY	VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000003L11A1

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 16 OF 95
(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. EDNA BOATRIGHT

Mailing Address 107 OAKS DRIVE

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer: PROTECTIVE LIFE INSURANCE COMPANY Occupation: VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt: **08 / 15 / 2014**

Transaction ID : **B002675S000003L11A1**

Amount of Each Receipt this Period: **45.00**

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. EDNA BOATRIGHT

Mailing Address 107 OAKS DRIVE

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer: PROTECTIVE LIFE INSURANCE COMPANY Occupation: VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt: **08 / 31 / 2014**

Transaction ID : **B002681S000003L11A1**

Amount of Each Receipt this Period: **45.00**

PAYROLL DEDUCTION

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

Mailing Address 107 OAKS DRIVE

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer: PROTECTIVE LIFE INSURANCE COMPANY Occupation: VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt: **09 / 15 / 2014**

Transaction ID : **B002685S000003L11A1**

Amount of Each Receipt this Period: **45.00**

PAYROLL DEDUCTION

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: PAGE 17 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. EDNA BOATRIGHT

Mailing Address 107 OAKS DRIVE

City State Zip Code
BIRMINGHAM AL 35209

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002693S000003L11A1

Amount of Each Receipt this Period
45.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. KRISTI BREAUX

Mailing Address 3317 HILLTOP ROAD

City State Zip Code
BESSEMER AL 35022

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

Name of Employer Occupation
PROTECTIVE LIFE CORPORATION VP

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
 07 / 15 / 2014
Transaction ID : B002663S000004L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

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

Mailing Address 3317 HILLTOP ROAD

City State Zip Code
BESSEMER AL 35022

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

Name of Employer Occupation
PROTECTIVE LIFE CORPORATION VP

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
 07 / 31 / 2014
Transaction ID : B002668S000004L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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 18 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. KRISTI BREAUX

Mailing Address 3317 HILLTOP ROAD

City State Zip Code
BESSEMER AL 35022

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

Name of Employer Occupation
PROTECTIVE LIFE CORPORATION VP

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
 08 / 15 / 2014
Transaction ID : B002674S000004L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. KRISTI BREAUX

Mailing Address 3317 HILLTOP ROAD

City State Zip Code
BESSEMER AL 35022

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

Name of Employer Occupation
PROTECTIVE LIFE CORPORATION VP

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
 08 / 31 / 2014
Transaction ID : B002680S000004L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

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

Mailing Address 3317 HILLTOP ROAD

City State Zip Code
BESSEMER AL 35022

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

Name of Employer Occupation
PROTECTIVE LIFE CORPORATION VP

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
 09 / 15 / 2014
Transaction ID : B002684S000003L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 19 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. KRISTI BREAUX
Full Name (Last, First, Middle Initial)

Mailing Address 3317 HILLTOP ROAD

City BESSEMER State AL Zip Code 35022

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VP

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
 09 / 30 / 2014
Transaction ID : B002692S000003L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

B. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002664S000004L11A1

Amount of Each Receipt this Period
 22.00

PAYROLL DEDUCTION

C. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002669S000004L11A1

Amount of Each Receipt this Period
 22.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.00

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 20 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 08 / 15 / 2014
Transaction ID : B002675S000004L11A1

Amount of Each Receipt this Period 22.00

PAYROLL DEDUCTION

B. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 08 / 31 / 2014
Transaction ID : B002681S000004L11A1

Amount of Each Receipt this Period 22.00

PAYROLL DEDUCTION

C. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002685S000004L11A1

Amount of Each Receipt this Period 22.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.00

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 21 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. SALLIE M. BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 4008 ACTON CIRCLE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002693S000004L11A1

Amount of Each Receipt this Period 22.00

PAYROLL DEDUCTION

B. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE #501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1626.40

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000005L11A1

Amount of Each Receipt this Period 91.04

PAYROLL DEDUCTION

C. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE #501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1626.40

Date of Receipt 07 / 31 / 2014
Transaction ID : B002668S000005L11A1

Amount of Each Receipt this Period 91.04

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 204.08

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 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE #501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1626.40

Date of Receipt 08 / 15 / 2014
Transaction ID : B002674S000005L11A1

Amount of Each Receipt this Period 91.04

PAYROLL DEDUCTION

B. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE #501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1626.40

Date of Receipt 08 / 31 / 2014
Transaction ID : B002680S000005L11A1

Amount of Each Receipt this Period 91.04

PAYROLL DEDUCTION

C. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE #501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1626.40

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000004L11A1

Amount of Each Receipt this Period 91.04

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 273.12

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 23 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. STEVE M. CALLAWAY
Full Name (Last, First, Middle Initial)

Mailing Address 2900 REDMONT PARK CIRCLE
#501W

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1626.40

Date of Receipt
09 / 30 / 2014
Transaction ID : B002692S000004L11A1

Amount of Each Receipt this Period
91.04

PAYROLL DEDUCTION

B. GREGG CARIOLANO
Full Name (Last, First, Middle Initial)

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
07 / 15 / 2014
Transaction ID : B002664S000005L11A1

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

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

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
07 / 31 / 2014
Transaction ID : B002669S000005L11A1

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 161.04

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. GREGG CARIOLANO
Full Name (Last, First, Middle Initial)

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **08 / 15 / 2014**

Transaction ID : B002675S000005L11A1

Amount of Each Receipt this Period **35.00**

PAYROLL DEDUCTION

B. GREGG CARIOLANO
Full Name (Last, First, Middle Initial)

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **08 / 31 / 2014**

Transaction ID : B002681S000005L11A1

Amount of Each Receipt this Period **35.00**

PAYROLL DEDUCTION

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

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **09 / 15 / 2014**

Transaction ID : B002685S000005L11A1

Amount of Each Receipt this Period **35.00**

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 25 OF 95
	(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. GREGG CARIOLANO
Full Name (Last, First, Middle Initial)

Mailing Address 5200 AUTUMNWINDS DR.

City ST. LOUIS State MO Zip Code 63129

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation CFO, APD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : B002693S000005L11A1

Amount of Each Receipt this Period
35.00

PAYROLL DEDUCTION

B. ELAINE L. CHAO
Full Name (Last, First, Middle Initial)

Mailing Address 217 C STREET N.E.

City WASHINGTON State DC Zip Code 20002

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

Name of Employer THE HERITAGE FOUNDATION Occupation DISTINGUISHED FELLOW

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : B002678S000001L11A1

Amount of Each Receipt this Period
425.00

PAYROLL DEDUCTION

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

Mailing Address 2350 MONEVALLO ROAD
APT 1204

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : B002663S000006L11A1

Amount of Each Receipt this Period
15.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **475.00**

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 26 OF 95
	(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial) A. VINCENT CIRULLI		Date of Receipt MM / DD / YYYY 07 / 31 / 2014 Transaction ID : B002668S000006L11A1
Mailing Address 2350 MONEVALLO ROAD APT 1204		Amount of Each Receipt this Period 15.00 PAYROLL DEDUCTION
City BIRMINGHAM	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		
Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. VINCENT CIRULLI		Date of Receipt MM / DD / YYYY 08 / 15 / 2014 Transaction ID : B002674S000006L11A1
Mailing Address 2350 MONEVALLO ROAD APT 1204		Amount of Each Receipt this Period 15.00 PAYROLL DEDUCTION
City BIRMINGHAM	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		
Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. VINCENT CIRULLI		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 Transaction ID : B002680S000006L11A1
Mailing Address 2350 MONEVALLO ROAD APT 1204		Amount of Each Receipt this Period 15.00 PAYROLL DEDUCTION
City BIRMINGHAM	State AL	Zip Code 35223
FEC ID number of contributing federal political committee. C		
Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 27 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. VINCENT CIRULLI
Full Name (Last, First, Middle Initial)

Mailing Address 2350 MONEVALLO ROAD
APT 1204

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000005L11A1

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION

B. VINCENT CIRULLI
Full Name (Last, First, Middle Initial)

Mailing Address 2350 MONEVALLO ROAD
APT 1204

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000005L11A1

Amount of Each Receipt this Period 15.00

PAYROLL DEDUCTION

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

Mailing Address 4206 PAXTON PLACE

City VESTAVIA State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000007L11A1

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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 28 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. PATRICIA COBB
Full Name (Last, First, Middle Initial)

Mailing Address 4206 PAXTON PLACE

City VESTAVIA State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000007L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

B. PATRICIA COBB
Full Name (Last, First, Middle Initial)

Mailing Address 4206 PAXTON PLACE

City VESTAVIA State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000007L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

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

Mailing Address 4206 PAXTON PLACE

City VESTAVIA State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002680S000007L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 29 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. PATRICIA COBB
Full Name (Last, First, Middle Initial)
Mailing Address 4206 PAXTON PLACE

City VESTAVIA	State AL	Zip Code 35242
------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation 2ND VP
---	----------------------

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
09	/	15	/	2014

Transaction ID : B002684S000006L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

B. PATRICIA COBB
Full Name (Last, First, Middle Initial)
Mailing Address 4206 PAXTON PLACE

City VESTAVIA	State AL	Zip Code 35242
------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation 2ND VP
---	----------------------

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
09	/	30	/	2014

Transaction ID : B002692S000006L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

C. KATE COTTON
Full Name (Last, First, Middle Initial)
Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VP COMMUNITY RELATIONS
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002663S000008L11A1

Amount of Each Receipt this Period
75.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	▶	125.00
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 30 OF 95
	(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. KATE COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VP COMMUNITY RELATIONS
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : B002668S000008L11A1

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

B. KATE COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VP COMMUNITY RELATIONS
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2014

Transaction ID : B002674S000008L11A1

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

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

Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VP COMMUNITY RELATIONS
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2014

Transaction ID : B002680S000008L11A1

Amount of Each Receipt this Period

75.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 31 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. KATE COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VP COMMUNITY RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000007L11A1

Amount of Each Receipt this Period 75.00

PAYROLL DEDUCTION

B. KATE COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 3412 SPRINGHILL ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VP COMMUNITY RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000007L11A1

Amount of Each Receipt this Period 75.00

PAYROLL DEDUCTION

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

Mailing Address 200 HALLMAN HILL E

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000009L11A1

Amount of Each Receipt this Period 20.00

PAYROLL DEDUCTION

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: (check only one)	PAGE 32 OF 95
<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MARK CYPHERT
Full Name (Last, First, Middle Initial)

Mailing Address 200 HALLMAN HILL E

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : **B002668S000009L11A1**

Amount of Each Receipt this Period
 20.00

PAYROLL DEDUCTION

B. MARK CYPHERT
Full Name (Last, First, Middle Initial)

Mailing Address 200 HALLMAN HILL E

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : **B002674S000009L11A1**

Amount of Each Receipt this Period
 20.00

PAYROLL DEDUCTION

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

Mailing Address 200 HALLMAN HILL E

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014

Transaction ID : **B002680S000009L11A1**

Amount of Each Receipt this Period
 20.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 33 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. MARK CYPHERT

Mailing Address **200 HALLMAN HILL E**

City **HOMEWOOD** State **AL** Zip Code **35209**

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

Name of Employer **PROTECTIVE LIFE CORPORATION** Occupation **SVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 15 / 2014
Transaction ID : B002684S000008L11A1

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. MARK CYPHERT

Mailing Address **200 HALLMAN HILL E**

City **HOMEWOOD** State **AL** Zip Code **35209**

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

Name of Employer **PROTECTIVE LIFE CORPORATION** Occupation **SVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
09 / 30 / 2014
Transaction ID : B002692S000008L11A1

Amount of Each Receipt this Period
20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
C. DAVID WAYNE HALL

Mailing Address **5787 CUPRESS TRACE**

City **BIRMINGHAM** State **AL** Zip Code **35244**

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

Name of Employer **PROTECTIVE LIFE CORPORATION** Occupation **IT AUDIT MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt
07 / 15 / 2014
Transaction ID : B002663S000011L11A1

Amount of Each Receipt this Period
12.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **52.50**

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 34 OF 95
<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DAVID WAYNE HALL
Full Name (Last, First, Middle Initial)

Mailing Address 5787 CUPRESS TRACE

City BIRMINGHAM	State AL	Zip Code 35244
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation IT AUDIT MANAGER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002668S000011L11A1

Amount of Each Receipt this Period

12.50

PAYROLL DEDUCTION

B. DAVID WAYNE HALL
Full Name (Last, First, Middle Initial)

Mailing Address 5787 CUPRESS TRACE

City BIRMINGHAM	State AL	Zip Code 35244
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation IT AUDIT MANAGER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002674S000011L11A1

Amount of Each Receipt this Period

12.50

PAYROLL DEDUCTION

C. DAVID WAYNE HALL
Full Name (Last, First, Middle Initial)

Mailing Address 5787 CUPRESS TRACE

City BIRMINGHAM	State AL	Zip Code 35244
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation IT AUDIT MANAGER
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002680S000011L11A1

Amount of Each Receipt this Period

12.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	▶	37.50
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 35 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DAVID WAYNE HALL
Full Name (Last, First, Middle Initial)

Mailing Address 5787 CUPRESS TRACE

City BIRMINGHAM State AL Zip Code 35244

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation IT AUDIT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.50

Date of Receipt
09 / 15 / 2014
Transaction ID : B002684S000010L11A1

Amount of Each Receipt this Period
12.50

PAYROLL DEDUCTION

B. BRUCE HEEN
Full Name (Last, First, Middle Initial)

Mailing Address 4004 MILNER WAY

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP, LAD ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
07 / 15 / 2014
Transaction ID : B002664S000007L11A1

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

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

Mailing Address 4004 MILNER WAY

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP, LAD ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
07 / 31 / 2014
Transaction ID : B002669S000007L11A1

Amount of Each Receipt this Period
30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.50

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 36 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BRUCE HEEN
Full Name (Last, First, Middle Initial)
Mailing Address 4004 MILNER WAY

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP, LAD ACCOUNTING
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000007L11A1

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

B. BRUCE HEEN
Full Name (Last, First, Middle Initial)
Mailing Address 4004 MILNER WAY

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP, LAD ACCOUNTING
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000007L11A1

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

C. BRUCE HEEN
Full Name (Last, First, Middle Initial)
Mailing Address 4004 MILNER WAY

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP, LAD ACCOUNTING
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000007L11A1

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 37 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BRUCE HEEN
Full Name (Last, First, Middle Initial)

Mailing Address 4004 MILNER WAY

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP, LAD ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002693S000007L11A1

Amount of Each Receipt this Period 30.00

PAYROLL DEDUCTION

B. DERRY HERRING
Full Name (Last, First, Middle Initial)

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation CHIEF AUDITOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1713.30

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000012L11A1

Amount of Each Receipt this Period 95.83

PAYROLL DEDUCTION

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

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation CHIEF AUDITOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1713.30

Date of Receipt 07 / 31 / 2014
Transaction ID : B002668S000012L11A1

Amount of Each Receipt this Period 95.83

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DERRY HERRING
Full Name (Last, First, Middle Initial)

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation CHIEF AUDITOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1713.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000012L11A1

Amount of Each Receipt this Period
 95.83

PAYROLL DEDUCTION

B. DERRY HERRING
Full Name (Last, First, Middle Initial)

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation CHIEF AUDITOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1713.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002680S000012L11A1

Amount of Each Receipt this Period
 95.83

PAYROLL DEDUCTION

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

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation CHIEF AUDITOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1713.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : B002684S000011L11A1

Amount of Each Receipt this Period
 95.83

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	287.49
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 39 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DERRY HERRING
Full Name (Last, First, Middle Initial)

Mailing Address 6123 EAGLE POINT CIRCLE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation CHIEF AUDITOR
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1713.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002692S000010L11A1

Amount of Each Receipt this Period
95.83

PAYROLL DEDUCTION

B. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)

Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

C. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)

Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	140.17
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 40 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

B. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

C. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	66.51
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 41 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BEVERLY HURLEY HILL
Full Name (Last, First, Middle Initial)
Mailing Address 2137 15TH AVENUE SOUTH

City BIRMINGHAM	State AL	Zip Code 35205
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation 2ND VP
---	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002693S000008L11A1

Amount of Each Receipt this Period
22.17

PAYROLL DEDUCTION

B. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)
Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000010L11A1

Amount of Each Receipt this Period
69.79

PAYROLL DEDUCTION

C. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)
Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000010L11A1

Amount of Each Receipt this Period
69.79

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	161.75
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 42 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)

Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000010L11A1

Amount of Each Receipt this Period
69.79

PAYROLL DEDUCTION

B. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)

Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000010L11A1

Amount of Each Receipt this Period
69.79

PAYROLL DEDUCTION

C. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)

Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000010L11A1

Amount of Each Receipt this Period
69.79

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	209.37
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 43 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. M. SCOTT KARCHUNAS
Full Name (Last, First, Middle Initial)

Mailing Address 14814 BROOKHAVEN PLACE

City CHESTERFIELD State MO Zip Code 63017

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1247.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002693S000010L11A1

Amount of Each Receipt this Period
 69.79

PAYROLL DEDUCTION

B. MATTHEW KOHLER
Full Name (Last, First, Middle Initial)

Mailing Address 2840 OVERTON ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
918.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002663S000013L11A1

Amount of Each Receipt this Period
 51.00

PAYROLL DEDUCTION

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

Mailing Address 2840 OVERTON ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
918.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000013L11A1

Amount of Each Receipt this Period
 51.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	171.79
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 44 OF 95
(check only one)	
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MATTHEW KOHLER
Full Name (Last, First, Middle Initial)

Mailing Address 2840 OVERTON ROAD

City	State	Zip Code
BIRMINGHAM	AL	35223

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : B002674S000013L11A1

Amount of Each Receipt this Period
51.00

PAYROLL DEDUCTION

B. MATTHEW KOHLER
Full Name (Last, First, Middle Initial)

Mailing Address 2840 OVERTON ROAD

City	State	Zip Code
BIRMINGHAM	AL	35223

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : B002680S000013L11A1

Amount of Each Receipt this Period
51.00

PAYROLL DEDUCTION

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

Mailing Address 2840 OVERTON ROAD

City	State	Zip Code
BIRMINGHAM	AL	35223

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : B002684S000012L11A1

Amount of Each Receipt this Period
51.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	153.00
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 45 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MATTHEW KOHLER
Full Name (Last, First, Middle Initial)

Mailing Address 2840 OVERTON ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002692S000011L11A1

Amount of Each Receipt this Period

918.00

PAYROLL DEDUCTION

B. FRANK LASSITER
Full Name (Last, First, Middle Initial)

Mailing Address 3317 FARING ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000011L11A1

Amount of Each Receipt this Period

22.50

PAYROLL DEDUCTION

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

Mailing Address 3317 FARING ROAD

City BIRMINGHAM	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000011L11A1

Amount of Each Receipt this Period

22.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	96.00
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 46 OF 95
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. FRANK LASSITER

Mailing Address 3317 FARING ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
08 / 15 / 2014
Transaction ID : **B002675S000011L11A1**

Amount of Each Receipt this Period
22.50

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. FRANK LASSITER

Mailing Address 3317 FARING ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
08 / 31 / 2014
Transaction ID : **B002681S000011L11A1**

Amount of Each Receipt this Period
22.50

PAYROLL DEDUCTION

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

Mailing Address 3317 FARING ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
09 / 15 / 2014
Transaction ID : **B002685S000011L11A1**

Amount of Each Receipt this Period
22.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.50

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 47 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. FRANK LASSITER
Full Name (Last, First, Middle Initial)

Mailing Address 3317 FARING ROAD

City BIRMINGHAM State AL Zip Code 35223

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002693S000011L11A1

Amount of Each Receipt this Period
 22.50

PAYROLL DEDUCTION

B. DEBORAH J. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002663S000016L11A1

Amount of Each Receipt this Period
 210.00

PAYROLL DEDUCTION

C. DEBORAH J. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000016L11A1

Amount of Each Receipt this Period
 210.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	442.50
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 48 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DEBORAH J. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VP & GENERAL COUNSEL
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002674S000016L11A1

Amount of Each Receipt this Period
210.00

PAYROLL DEDUCTION

B. DEBORAH J. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VP & GENERAL COUNSEL
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002680S000016L11A1

Amount of Each Receipt this Period
210.00

PAYROLL DEDUCTION

C. DEBORAH J. LONG
Full Name (Last, First, Middle Initial)

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR VP & GENERAL COUNSEL
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002684S000015L11A1

Amount of Each Receipt this Period
210.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	630.00
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 49 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. DEBORAH J. LONG

Mailing Address 3576 SHANDWICK PLACE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002692S000014L11A1

Amount of Each Receipt this Period
 210.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. DAVID LOPER

Mailing Address 1300 27TH PLACE SOUTH #32

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002663S000017L11A1

Amount of Each Receipt this Period
 21.00

PAYROLL DEDUCTION

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

Mailing Address 1300 27TH PLACE SOUTH #32

City BIRMINGHAM State AL Zip Code 35205

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000017L11A1

Amount of Each Receipt this Period
 21.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00

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 50 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. DAVID LOPER

Mailing Address 1300 27TH PLACE SOUTH #32

City	State	Zip Code
BIRMINGHAM	AL	35205

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002674S000017L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. DAVID LOPER

Mailing Address 1300 27TH PLACE SOUTH #32

City	State	Zip Code
BIRMINGHAM	AL	35205

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002680S000017L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

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

Mailing Address 1300 27TH PLACE SOUTH #32

City	State	Zip Code
BIRMINGHAM	AL	35205

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002684S000016L11A1

Amount of Each Receipt this Period

21.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	63.00
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 51 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DAVID LOPER
Full Name (Last, First, Middle Initial)

Mailing Address 1300 27TH PLACE SOUTH #32

City	State	Zip Code
BIRMINGHAM	AL	35205

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR ASSOCIATE COUNSEL, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002692S000015L11A1

Amount of Each Receipt this Period

378.00

PAYROLL DEDUCTION

B. JOHN J. MCMAHON JR
Full Name (Last, First, Middle Initial)

Mailing Address 2140 WARWICK DRIVE SOUTH

City	State	Zip Code
BIRMINGHAM	AL	35209

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

Name of Employer	Occupation
LIGON INDUSTRIES, LLC	CHAIRMAN OF THE BOARD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **956.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002678S000002L11A1

Amount of Each Receipt this Period

318.75

PAYROLL DEDUCTION

C. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City	State	Zip Code
BIRMINGHAM	AL	35243

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000012L11A1

Amount of Each Receipt this Period

33.56

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	373.31
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 52 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.16

Date of Receipt
07 / 31 / 2014
Transaction ID : B002669S000012L11A1

Amount of Each Receipt this Period
33.56

PAYROLL DEDUCTION

B. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.16

Date of Receipt
08 / 15 / 2014
Transaction ID : B002675S000012L11A1

Amount of Each Receipt this Period
33.56

PAYROLL DEDUCTION

C. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.16

Date of Receipt
08 / 31 / 2014
Transaction ID : B002681S000012L11A1

Amount of Each Receipt this Period
33.56

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 100.68

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 53 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : B002685S000012L11A1

Amount of Each Receipt this Period
 33.56

PAYROLL DEDUCTION

B. WILLIAM L. MCMULLEN JR
Full Name (Last, First, Middle Initial)

Mailing Address 2556 WHETSTONE ROAD

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SECOND VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002693S000012L11A1

Amount of Each Receipt this Period
 33.56

PAYROLL DEDUCTION

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

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 07 / 15 / 2014
Transaction ID : B002664S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.12

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 54 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. JENNEFER MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 07 / 31 / 2014
Transaction ID : B002669S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

B. JENNEFER MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 08 / 15 / 2014
Transaction ID : B002675S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

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

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 08 / 31 / 2014
Transaction ID : B002681S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 55 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. JENNEFER MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 09 / 15 / 2014
Transaction ID : B002685S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

B. JENNEFER MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 119 SPINNAKER CIRCLE

City MADISON State AL Zip Code 35758

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

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
 09 / 30 / 2014
Transaction ID : B002693S000013L11A1

Amount of Each Receipt this Period
 25.00

PAYROLL DEDUCTION

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

Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002664S000014L11A1

Amount of Each Receipt this Period
 45.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 56 OF 95
	(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. LORI OSWALD
Full Name (Last, First, Middle Initial)
Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM	State AL	Zip Code 35209
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP CORPORATE ACCOUNTING
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000014L11A1

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

B. LORI OSWALD
Full Name (Last, First, Middle Initial)
Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM	State AL	Zip Code 35209
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP CORPORATE ACCOUNTING
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000014L11A1

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

C. LORI OSWALD
Full Name (Last, First, Middle Initial)
Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM	State AL	Zip Code 35209
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP CORPORATE ACCOUNTING
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000014L11A1

Amount of Each Receipt this Period

45.00

PAYROLL DEDUCTION

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 57 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. LORI OSWALD
Full Name (Last, First, Middle Initial)

Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt
09 / 15 / 2014

Transaction ID : B002685S000014L11A1

Amount of Each Receipt this Period
45.00

PAYROLL DEDUCTION

B. LORI OSWALD
Full Name (Last, First, Middle Initial)

Mailing Address 303 LE JEUNE WAY

City BIRMINGHAM State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP CORPORATE ACCOUNTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt
09 / 30 / 2014

Transaction ID : B002693S000014L11A1

Amount of Each Receipt this Period
45.00

PAYROLL DEDUCTION

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

Mailing Address 1033 LAKE COLONY LANE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt
07 / 15 / 2014

Transaction ID : B002663S000019L11A1

Amount of Each Receipt this Period
18.75

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **108.75**

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 58 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. PHILIP PASSAFIUME
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 LAKE COLONY LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 07 / 31 / 2014
Transaction ID : B002668S000019L11A1
 Amount of Each Receipt this Period 18.75
 PAYROLL DEDUCTION

B. PHILIP PASSAFIUME
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 LAKE COLONY LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 08 / 15 / 2014
Transaction ID : B002674S000019L11A1
 Amount of Each Receipt this Period 18.75
 PAYROLL DEDUCTION

C. PHILIP PASSAFIUME
 Full Name (Last, First, Middle Initial)
 Mailing Address 1033 LAKE COLONY LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt 08 / 31 / 2014
Transaction ID : B002680S000019L11A1
 Amount of Each Receipt this Period 18.75
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	56.25
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 59 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. PHILIP PASSAFIUME
Full Name (Last, First, Middle Initial)

Mailing Address 1033 LAKE COLONY LANE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt **09 / 15 / 2014**

Transaction ID : B002684S000018L11A1

Amount of Each Receipt this Period **18.75**

PAYROLL DEDUCTION

B. PHILIP PASSAFIUME
Full Name (Last, First, Middle Initial)

Mailing Address 1033 LAKE COLONY LANE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt **09 / 30 / 2014**

Transaction ID : B002692S000017L11A1

Amount of Each Receipt this Period **18.75**

PAYROLL DEDUCTION

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

Mailing Address 3093 BROOKHILL DRIVE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt **07 / 15 / 2014**

Transaction ID : B002663S000020L11A1

Amount of Each Receipt this Period **75.00**

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **112.50**

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 60 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CHANDRASEKHAR PISUPATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3093 BROOKHILL DRIVE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **07 / 31 / 2014**
Transaction ID : B002668S000020L11A1
 Amount of Each Receipt this Period **75.00**
 PAYROLL DEDUCTION

B. CHANDRASEKHAR PISUPATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3093 BROOKHILL DRIVE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **08 / 15 / 2014**
Transaction ID : B002674S000020L11A1
 Amount of Each Receipt this Period **75.00**
 PAYROLL DEDUCTION

C. CHANDRASEKHAR PISUPATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3093 BROOKHILL DRIVE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1350.00**

Date of Receipt **08 / 31 / 2014**
Transaction ID : B002680S000020L11A1
 Amount of Each Receipt this Period **75.00**
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	225.00
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 61 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CHANDRASEKHAR PISUPATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3093 BROOKHILL DRIVE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000019L11A1
 Amount of Each Receipt this Period 75.00
 PAYROLL DEDUCTION

B. CHANDRASEKHAR PISUPATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 3093 BROOKHILL DRIVE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000018L11A1
 Amount of Each Receipt this Period 75.00
 PAYROLL DEDUCTION

C. EVA T. ROBERTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1322 ANGLEWOOD CIRCLE
 City BIRMINGHAM State AL Zip Code 35216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRES., INVESTOR RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000021L11A1
 Amount of Each Receipt this Period 42.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.00
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 62 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. EVA T. ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 ANGLEWOOD CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VICE PRES., INVESTOR RELATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2014

Transaction ID : B002668S000021L11A1

Amount of Each Receipt this Period

42.00

PAYROLL DEDUCTION

B. EVA T. ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 ANGLEWOOD CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VICE PRES., INVESTOR RELATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2014

Transaction ID : B002674S000021L11A1

Amount of Each Receipt this Period

42.00

PAYROLL DEDUCTION

C. EVA T. ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 ANGLEWOOD CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VICE PRES., INVESTOR RELATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **756.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2014

Transaction ID : B002680S000021L11A1

Amount of Each Receipt this Period

42.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	126.00
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 63 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. EVA T. ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 ANGLEWOOD CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VICE PRES., INVESTOR RELATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002684S000020L11A1

Amount of Each Receipt this Period
42.00

PAYROLL DEDUCTION

B. EVA T. ROBERTSON
Full Name (Last, First, Middle Initial)

Mailing Address 1322 ANGLEWOOD CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation VICE PRES., INVESTOR RELATIONS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002692S000019L11A1

Amount of Each Receipt this Period
42.00

PAYROLL DEDUCTION

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

Mailing Address 2619 W LEGENDARY RUN

City CINCINNATI	State OH	Zip Code 45245
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000015L11A1

Amount of Each Receipt this Period
120.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	204.00
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 64 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. JOHN SAWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 W LEGENDARY RUN
 City State Zip Code
 CINCINNATI OH 45245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE INSURANCE COMPANY VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002669S000015L11A1
 Amount of Each Receipt this Period
 120.00
 PAYROLL DEDUCTION

B. JOHN SAWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 W LEGENDARY RUN
 City State Zip Code
 CINCINNATI OH 45245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE INSURANCE COMPANY VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002675S000015L11A1
 Amount of Each Receipt this Period
 120.00
 PAYROLL DEDUCTION

C. JOHN SAWYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 W LEGENDARY RUN
 City State Zip Code
 CINCINNATI OH 45245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE INSURANCE COMPANY VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002681S000015L11A1
 Amount of Each Receipt this Period
 120.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00
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 65 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. JOHN SAWYER
Full Name (Last, First, Middle Initial)

Mailing Address 2619 W LEGENDARY RUN

City CINCINNATI State OH Zip Code 45245

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : **B002685S000015L11A1**

Amount of Each Receipt this Period
 120.00

PAYROLL DEDUCTION

B. JOHN SAWYER
Full Name (Last, First, Middle Initial)

Mailing Address 2619 W LEGENDARY RUN

City CINCINNATI State OH Zip Code 45245

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : **B002693S000015L11A1**

Amount of Each Receipt this Period
 120.00

PAYROLL DEDUCTION

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

Mailing Address 351 MARHIL COURT

City CRYSTAL LAKE State IL Zip Code 60014

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : **B002664S000016L11A1**

Amount of Each Receipt this Period
 20.84

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.84

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: (check only one)	PAGE 66 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BRIAN SCHUCH
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARHIL COURT

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
07 / 31 / 2014
Transaction ID : B002669S000016L11A1

Amount of Each Receipt this Period
20.84

PAYROLL DEDUCTION

B. BRIAN SCHUCH
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARHIL COURT

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
08 / 15 / 2014
Transaction ID : B002675S000016L11A1

Amount of Each Receipt this Period
20.84

PAYROLL DEDUCTION

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

Mailing Address 351 MARHIL COURT

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
08 / 31 / 2014
Transaction ID : B002681S000016L11A1

Amount of Each Receipt this Period
20.84

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.52

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 67 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BRIAN SCHUCH
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARHIL COURT

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
MM / DD / YYYY
09 / 15 / 2014
Transaction ID : B002685S000016L11A1

Amount of Each Receipt this Period
20.84

PAYROLL DEDUCTION

B. BRIAN SCHUCH
Full Name (Last, First, Middle Initial)

Mailing Address 351 MARHIL COURT

City State Zip Code
CRYSTAL LAKE IL 60014

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY 2ND VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.12

Date of Receipt
MM / DD / YYYY
09 / 30 / 2014
Transaction ID : B002693S000016L11A1

Amount of Each Receipt this Period
20.84

PAYROLL DEDUCTION

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

Mailing Address 8504 IVY TRAILS DRIVE

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2014
Transaction ID : B002664S000017L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.68

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: PAGE 68 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. AARON SEURKAMP

Mailing Address 8504 IVY TRAILS DRIVE

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY SVP

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
 07 / 31 / 2014
Transaction ID : B002669S000017L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. AARON SEURKAMP

Mailing Address 8504 IVY TRAILS DRIVE

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY SVP

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
 08 / 15 / 2014
Transaction ID : B002675S000017L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

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

Mailing Address 8504 IVY TRAILS DRIVE

City State Zip Code
CINCINNATI OH 45244

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

Name of Employer Occupation
PROTECTIVE LIFE INSURANCE COMPANY SVP

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
 08 / 31 / 2014
Transaction ID : B002681S000017L11A1

Amount of Each Receipt this Period
25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 69 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. AARON SEURKAMP
Full Name (Last, First, Middle Initial)

Mailing Address 8504 IVY TRAILS DRIVE

City CINCINNATI State OH Zip Code 45244

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002685S000017L11A1

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION

B. AARON SEURKAMP
Full Name (Last, First, Middle Initial)

Mailing Address 8504 IVY TRAILS DRIVE

City CINCINNATI State OH Zip Code 45244

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002693S000017L11A1

Amount of Each Receipt this Period 25.00

PAYROLL DEDUCTION

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

Mailing Address 135 CR 812

City HEFLIN State AL Zip Code 36264

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt 07 / 15 / 2014
Transaction ID : B002664S000018L11A1

Amount of Each Receipt this Period 27.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 77.00

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 70 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MARY SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 135 CR 812

City HEFLIN State AL Zip Code 36264

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002669S000018L11A1

Amount of Each Receipt this Period
 27.00

PAYROLL DEDUCTION

B. MARY SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 135 CR 812

City HEFLIN State AL Zip Code 36264

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002675S000018L11A1

Amount of Each Receipt this Period
 27.00

PAYROLL DEDUCTION

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

Mailing Address 135 CR 812

City HEFLIN State AL Zip Code 36264

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 486.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002681S000018L11A1

Amount of Each Receipt this Period
 27.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 81.00

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 71 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MARY SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 135 CR 812

City HEFLIN	State AL	Zip Code 36264
----------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000018L11A1

Amount of Each Receipt this Period

27.00

PAYROLL DEDUCTION

B. MARY SIMMONS
Full Name (Last, First, Middle Initial)

Mailing Address 135 CR 812

City HEFLIN	State AL	Zip Code 36264
----------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002693S000018L11A1

Amount of Each Receipt this Period

27.00

PAYROLL DEDUCTION

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

Mailing Address 2000 MAGNOLIA RIDGE

City BIRMINGHAM	State AL	Zip Code 35243
--------------------	-------------	-------------------

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

Name of Employer PROTECITVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **785.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000019L11A1

Amount of Each Receipt this Period

50.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 72 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. FRANK SOTTOSANTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 MAGNOLIA RIDGE
 City BIRMINGHAM State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.76

Date of Receipt 07 / 31 / 2014
Transaction ID : B002669S000019L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

B. FRANK SOTTOSANTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 MAGNOLIA RIDGE
 City BIRMINGHAM State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.76

Date of Receipt 08 / 15 / 2014
Transaction ID : B002675S000019L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

C. FRANK SOTTOSANTI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 MAGNOLIA RIDGE
 City BIRMINGHAM State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SENIOR VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 785.76

Date of Receipt 08 / 31 / 2014
Transaction ID : B002681S000019L11A1
 Amount of Each Receipt this Period 50.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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 73 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. FRANK SOTTOSANTI
Full Name (Last, First, Middle Initial)

Mailing Address 2000 MAGNOLIA RIDGE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer: PROTECTIVE LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **785.76**

Date of Receipt: **09 / 15 / 2014**
Transaction ID : **B002685S000019L11A1**

Amount of Each Receipt this Period: **50.00**

PAYROLL DEDUCTION

B. FRANK SOTTOSANTI
Full Name (Last, First, Middle Initial)

Mailing Address 2000 MAGNOLIA RIDGE

City BIRMINGHAM State AL Zip Code 35243

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

Name of Employer: PROTECTIVE LIFE INSURANCE COMPANY Occupation: SENIOR VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **785.76**

Date of Receipt: **09 / 30 / 2014**
Transaction ID : **B002693S000019L11A1**

Amount of Each Receipt this Period: **50.00**

PAYROLL DEDUCTION

C. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM State AL Zip Code 35216

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

Name of Employer: PROTECTIVE LIFE CORPORATION Occupation: SENIOR ASSOCIATE COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **07 / 15 / 2014**
Transaction ID : **B002663S000023L11A1**

Amount of Each Receipt this Period: **15.00**

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **115.00**

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 74 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR ASSOCIATE COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000023L11A1

Amount of Each Receipt this Period
 15.00

PAYROLL DEDUCTION

B. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR ASSOCIATE COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000023L11A1

Amount of Each Receipt this Period
 15.00

PAYROLL DEDUCTION

C. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR ASSOCIATE COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002680S000023L11A1

Amount of Each Receipt this Period
 15.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	45.00
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 75 OF 95
<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR ASSOCIATE COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002684S000022L11A1

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

B. BARRIE B. STOKES
Full Name (Last, First, Middle Initial)

Mailing Address 2102 MARKCLIFF CIRCLE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SENIOR ASSOCIATE COUNSEL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002692S000021L11A1

Amount of Each Receipt this Period

15.00

PAYROLL DEDUCTION

C. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SR VICE PRESIDENT, CHIEF ACTUARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2979.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	196.50
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 76 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City	State	Zip Code
BIRMINGHAM	AL	35216

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR VICE PRESIDENT, CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

B. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City	State	Zip Code
BIRMINGHAM	AL	35216

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR VICE PRESIDENT, CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

C. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City	State	Zip Code
BIRMINGHAM	AL	35216

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

Name of Employer	Occupation
PROTECTIVE LIFE CORPORATION	SR VICE PRESIDENT, CHIEF ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	499.50
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 77 OF 95 (check only one)
<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"/>	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SR VICE PRESIDENT, CHIEF ACTUARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

B. WAYNE E. STUENKEL
Full Name (Last, First, Middle Initial)

Mailing Address 2120 WOODLARK LANE

City BIRMINGHAM	State AL	Zip Code 35216
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation SR VICE PRESIDENT, CHIEF ACTUARY
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002693S000020L11A1

Amount of Each Receipt this Period

166.50

PAYROLL DEDUCTION

C. MICHAEL KEVIN SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1252 EAGLE PARK ROAD

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE CORPORATION	Occupation ASSISTANT 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
07	/	15	/	2014

Transaction ID : B002663S000024L11A1

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	358.00
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 78 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MICHAEL KEVIN SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 EAGLE PARK ROAD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2014
Transaction ID : B002668S000024L11A1
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION

B. MICHAEL KEVIN SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 EAGLE PARK ROAD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 15 / 2014
Transaction ID : B002674S000024L11A1
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION

C. MICHAEL KEVIN SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 EAGLE PARK ROAD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2014
Transaction ID : B002680S000024L11A1
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 79 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MICHAEL KEVIN SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 EAGLE PARK ROAD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000023L11A1
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION

B. MICHAEL KEVIN SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1252 EAGLE PARK ROAD
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000022L11A1
 Amount of Each Receipt this Period 25.00
 PAYROLL DEDUCTION

C. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 359.10

Date of Receipt 07 / 15 / 2014
Transaction ID : B002664S000021L11A1
 Amount of Each Receipt this Period 19.95
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.95
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 80 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **359.10**

Date of Receipt **07 / 31 / 2014**
Transaction ID : B002669S000021L11A1
 Amount of Each Receipt this Period **19.95**
 PAYROLL DEDUCTION

B. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **359.10**

Date of Receipt **08 / 15 / 2014**
Transaction ID : B002675S000021L11A1
 Amount of Each Receipt this Period **19.95**
 PAYROLL DEDUCTION

C. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **359.10**

Date of Receipt **08 / 31 / 2014**
Transaction ID : B002681S000021L11A1
 Amount of Each Receipt this Period **19.95**
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **59.85**
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 81 OF 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **359.10**

Date of Receipt **09 / 15 / 2014**
Transaction ID : B002685S000021L11A1
 Amount of Each Receipt this Period **19.95**
 PAYROLL DEDUCTION

B. DEBBIE TERRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 KINROSS LANE
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **359.10**

Date of Receipt **09 / 30 / 2014**
Transaction ID : B002693S000021L11A1
 Amount of Each Receipt this Period **19.95**
 PAYROLL DEDUCTION

C. CARL THIGPEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8030 GREYSTONE GREEN
 City BIRMINGHAM State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1440.00**

Date of Receipt **07 / 15 / 2014**
Transaction ID : B002663S000025L11A1
 Amount of Each Receipt this Period **80.00**
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	119.90
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 82 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CARL THIGPEN
Full Name (Last, First, Middle Initial)

Mailing Address 8030 GREYSTONE GREEN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
07 / 31 / 2014
Transaction ID : B002668S000025L11A1

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

B. CARL THIGPEN
Full Name (Last, First, Middle Initial)

Mailing Address 8030 GREYSTONE GREEN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
08 / 15 / 2014
Transaction ID : B002674S000025L11A1

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

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

Mailing Address 8030 GREYSTONE GREEN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
08 / 31 / 2014
Transaction ID : B002680S000025L11A1

Amount of Each Receipt this Period
80.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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 83 OF 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CARL THIGPEN
Full Name (Last, First, Middle Initial)

Mailing Address 8030 GREYSTONE GREEN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 09 / 15 / 2014
Transaction ID : B002684S000024L11A1

Amount of Each Receipt this Period 80.00

PAYROLL DEDUCTION

B. CARL THIGPEN
Full Name (Last, First, Middle Initial)

Mailing Address 8030 GREYSTONE GREEN

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 09 / 30 / 2014
Transaction ID : B002692S000023L11A1

Amount of Each Receipt this Period 80.00

PAYROLL DEDUCTION

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

Mailing Address 1407 SUTHERLAND PLACE

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 07 / 15 / 2014
Transaction ID : B002663S000026L11A1

Amount of Each Receipt this Period 41.67

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶ 201.67

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 84 OF 95
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. ALLEN THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1407 SUTHERLAND PLACE
 City State Zip Code
 HOMEWOOD AL 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE CORPORATION VICE PRESIDENT, IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000026L11A1
 Amount of Each Receipt this Period
 41.67
 PAYROLL DEDUCTION

B. ALLEN THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1407 SUTHERLAND PLACE
 City State Zip Code
 HOMEWOOD AL 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE CORPORATION VICE PRESIDENT, IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000026L11A1
 Amount of Each Receipt this Period
 41.67
 PAYROLL DEDUCTION

C. ALLEN THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1407 SUTHERLAND PLACE
 City State Zip Code
 HOMEWOOD AL 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PROTECTIVE LIFE CORPORATION VICE PRESIDENT, IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002680S000026L11A1
 Amount of Each Receipt this Period
 41.67
 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.01
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 85 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. ALLEN THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 1407 SUTHERLAND PLACE

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : B002684S000025L11A1

Amount of Each Receipt this Period
41.67

PAYROLL DEDUCTION

B. ALLEN THOMPSON
Full Name (Last, First, Middle Initial)

Mailing Address 1407 SUTHERLAND PLACE

City HOMEWOOD State AL Zip Code 35209

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation VICE PRESIDENT, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002692S000024L11A1

Amount of Each Receipt this Period
41.67

PAYROLL DEDUCTION

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

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation SENIOR VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002664S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... **283.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. STEVEN WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002669S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

B. STEVEN WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002675S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

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

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002681S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 87 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. STEVEN WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

B. STEVEN WALKER
Full Name (Last, First, Middle Initial)

Mailing Address 1517 HIGHLAND LAKES TRAIL

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation SENIOR VICE PRESIDENT
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002693S000022L11A1

Amount of Each Receipt this Period
200.00

PAYROLL DEDUCTION

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

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation DIVISIONAL SALES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000023L11A1

Amount of Each Receipt this Period
26.20

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	426.20
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 88 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MATTHEW WEBER
Full Name (Last, First, Middle Initial)

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIVISIONAL SALES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.60

Date of Receipt 07 / 31 / 2014
Transaction ID : B002669S000023L11A1

Amount of Each Receipt this Period 26.20

PAYROLL DEDUCTION

B. MATTHEW WEBER
Full Name (Last, First, Middle Initial)

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIVISIONAL SALES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.60

Date of Receipt 08 / 15 / 2014
Transaction ID : B002675S000023L11A1

Amount of Each Receipt this Period 26.20

PAYROLL DEDUCTION

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

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE State KY Zip Code 40299

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation DIVISIONAL SALES MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.60

Date of Receipt 08 / 31 / 2014
Transaction ID : B002681S000023L11A1

Amount of Each Receipt this Period 26.20

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.60

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 89 OF 95
<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. MATTHEW WEBER
Full Name (Last, First, Middle Initial)

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation DIVISIONAL SALES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B002685S000023L11A1

Amount of Each Receipt this Period

26.20

PAYROLL DEDUCTION

B. MATTHEW WEBER
Full Name (Last, First, Middle Initial)

Mailing Address 5800 VALLEY PARK DRIVE

City LOUISVILLE	State KY	Zip Code 40299
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation DIVISIONAL SALES MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
471.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : B002693S000023L11A1

Amount of Each Receipt this Period

26.20

PAYROLL DEDUCTION

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

Mailing Address 4186 EAGLE CREST DRIVE

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY	Occupation VICE PRESIDENT
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2014

Transaction ID : B002664S000024L11A1

Amount of Each Receipt this Period

22.75

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....	75.15
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 90 OF 95
	(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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)
A. PAUL WELLS

Mailing Address 4186 EAGLE CREST DRIVE

City	State	Zip Code
BIRMINGHAM	AL	35242

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

Name of Employer	Occupation
PROTECTIVE LIFE INSURANCE COMPANY	VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : B002669S000024L11A1

Amount of Each Receipt this Period
22.75

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)
B. PAUL WELLS

Mailing Address 4186 EAGLE CREST DRIVE

City	State	Zip Code
BIRMINGHAM	AL	35242

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

Name of Employer	Occupation
PROTECTIVE LIFE INSURANCE COMPANY	VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2014

Transaction ID : B002675S000024L11A1

Amount of Each Receipt this Period
22.75

PAYROLL DEDUCTION

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

Mailing Address 4186 EAGLE CREST DRIVE

City	State	Zip Code
BIRMINGHAM	AL	35242

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

Name of Employer	Occupation
PROTECTIVE LIFE INSURANCE COMPANY	VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2014

Transaction ID : B002681S000024L11A1

Amount of Each Receipt this Period
22.75

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	68.25
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 91 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. PAUL WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 4186 EAGLE CREST DRIVE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 409.50

Date of Receipt 09 / 15 / 2014
Transaction ID : B002685S000024L11A1

Amount of Each Receipt this Period 22.75

PAYROLL DEDUCTION

B. PAUL WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 4186 EAGLE CREST DRIVE

City BIRMINGHAM State AL Zip Code 35242

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

Name of Employer PROTECTIVE LIFE INSURANCE COMPANY Occupation VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 409.50

Date of Receipt 09 / 30 / 2014
Transaction ID : B002693S000024L11A1

Amount of Each Receipt this Period 22.75

PAYROLL DEDUCTION

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

Mailing Address 444 EAST 75TH STREET APT 3H

City NEW YORK State NY Zip Code 10021

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

Name of Employer GOLDEN SEEDS, LLC Occupation CHIEF FINANCIAL OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.25

Date of Receipt 08 / 15 / 2014
Transaction ID : B002678S000003L11A1

Amount of Each Receipt this Period 318.75

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 364.25

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 92 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CHARLES WINDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014
Transaction ID : B002663S000027L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

B. CHARLES WINDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014
Transaction ID : B002668S000027L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

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

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : B002674S000027L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.64

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 93 OF 95
	<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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

A. CHARLES WINDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2014
Transaction ID : B002680S000027L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

B. CHARLES WINDHAM
Full Name (Last, First, Middle Initial)

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : B002684S000026L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

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

Mailing Address 312 RICHMAR DRIVE

City BIRMINGHAM State AL Zip Code 35213

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

Name of Employer PROTECTIVE LIFE CORPORATION Occupation ASSISTANT VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : B002692S000025L11A1

Amount of Each Receipt this Period
 16.88

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional).....▶	50.64
TOTAL This Period (last page this line number only).....▶	14992.04

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. AMSOUTH BANK OF ALABAMA

Mailing Address 1900 5TH AVE NORTH

City BIRMINGHAM State AL Zip Code 35203

Purpose of Disbursement
CHECK ORDER COST

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : B002691S000001L21B

Amount of Each Disbursement this Period

162.39

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

M M M	/	D D D	/	Y Y Y Y Y Y

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

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

162.39

162.39

**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)
PROTECTIVE LIFE CORPORATION FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. FINANCIAL SERVICES ROUNDTABLE PAC

Mailing Address 1001 PENNSYLVANIA AVE NW
SUITE 500 SOUTH

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : B002689S000001L23

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NEUGEBAUER CONGRESSIONAL COMMITTEE

Mailing Address P.O. BOX 54175

City LUBBOCK State TX Zip Code 79453

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

RANDY NEUGEBAUER

Office Sought: House Senate President
State: TX District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : B002667S000001L23

Amount of Each Disbursement this Period

1000.00

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) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

6000.00

6000.00