FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
Washington	DC	20001 –

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

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 11 / 01 / 2011 through 11 / 30 / 2011

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

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

Signature of Treasurer *Mr. Donald L. Walker* ***[Electronically Filed]*** Date 12 / 19 / 2011

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 11 / 01 / 2011 To: 11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		59453.10
(b) Cash on Hand at Beginning of Reporting Period	118177.62	
(c) Total Receipts (from Line 19)	9448.25	315236.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	127625.87	374689.91
7. Total Disbursements (from Line 31)	15000.00	262064.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112625.87	112625.87
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M 11 / D D 01 / Y Y Y Y 2011 To: M M 11 / D D 30 / Y Y Y Y 2011

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)	5854.22	112844.94
(ii) Unitemized	594.03	32891.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6448.25	145736.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	2000.00	166000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	8448.25	311736.81
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	1000.00	3500.00
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)) ▶	9448.25	315236.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	9448.25	315236.81

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	1173.54
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	253590.50
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	7300.00
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))	15000.00	262064.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	15000.00	262064.04

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8448.25	311736.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8448.25	311736.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	1173.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	1173.54

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Ms. Christine A. Katzmar Holmes

Mailing Address 9607 SE 15th Sztreet

City: Bellevue
State: WA
Zip Code: 98004

FEC ID number of contributing federal political committee. C

Name of Employer: Symetra Financial Corporation
Occupation: Vice President

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 08 / 2011
Transaction ID : 42842984

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Lisa K. Smith

Mailing Address 800 North Magnolia Ave.
Suite 1400

City: Orlando
State: FL
Zip Code: 32803-3248

FEC ID number of contributing federal political committee. C

Name of Employer: Hannover Life Reassurance Company of A
Occupation: Manager

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

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 22 / 2011
Transaction ID : 43010317

Amount of Each Receipt this Period: 20.00

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

Mailing Address 10075 Red Run Blvd

City: Owings Mills
State: MD
Zip Code: 21117-4865

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 253.00

Date of Receipt: 11 / 22 / 2011
Transaction ID : 43010409

Amount of Each Receipt this Period: 11.00

SUBTOTAL of Receipts This Page (optional) ▶ 281.00

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial): George McKinnon
Mailing Address: 19525 228th Ave NE
City: Woodinville State: WA Zip Code: 98077-5005
FEC ID number of contributing federal political committee: C
Name of Employer: Symetra
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 / 22 / 2011
Transaction ID : 43010412
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Mr. Donald L. Walker Walker
Mailing Address: 101 Constitution Ave, NW Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: SVP, Administration & CFO
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1156427123164
Amount of Each Receipt this Period: 100.00
P/R Deduction ($50.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial): Mr. W. Bryant Sadler Sadler
Mailing Address: 101 Constitution Ave, NW Suite 700
City: Washington State: DC Zip Code: 20001-2140
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Staff Accountant
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1415470223164
Amount of Each Receipt this Period: 20.00
P/R Deduction ($10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 370.00

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

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

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

Mailing Address 1914 Horse Shoe Drive

City: Vienna
State: VA
Zip Code: 22182-3755

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1481799823164

Amount of Each Receipt this Period: 20.00

P/R Deduction ($10.00 Semi-Monthly)

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

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

City: Washington
State: DC
Zip Code: 20001-2140

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 4064.28

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1550105923164

Amount of Each Receipt this Period: 369.48

P/R Deduction ($184.74 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City: Washington
State: DC
Zip Code: 20001-2140

FEC ID number of contributing federal political committee. C

Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel

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

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1554864823164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 429.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City: Washington
State: DC
Zip Code: 20001-2140

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Legislative Director

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

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1565786723164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City: Washington
State: DC
Zip Code: 20001-2140

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Counsel, Taxes & Retirement Security

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

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1647849723164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

City: Washington
State: DC
Zip Code: 20001-2140

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Sr. Counsel, State Relations

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

Aggregate Year-to-Date ▼ 1675.29

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR1728112723164

Amount of Each Receipt this Period: 152.30

P/R Deduction ($76.15 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 232.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 2062.50

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR1821819623164

Amount of Each Receipt this Period: 187.50

P/R Deduction ($93.75 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
The Honora Dirk A. Kempthorne Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: President and CEO

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

Aggregate Year-to-Date ▼ 4583.26

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR1871324523164

Amount of Each Receipt this Period: 416.66

P/R Deduction ($208.33 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Brian Waidmann Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Chief of Staff

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

Aggregate Year-to-Date ▼ 3958.27

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR1872428323164

Amount of Each Receipt this Period: 416.66

P/R Deduction ($208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 1020.82

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Peter J. Bautz Bautz

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Vice President, Taxes and Retirement S

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR1903849823164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Gary E. Hughes Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 3410.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771358223164

Amount of Each Receipt this Period: 310.00

P/R Deduction ($155.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Vice President, Conference Development

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

Aggregate Year-to-Date ▼ 1178.77

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771362423164

Amount of Each Receipt this Period: 107.16

P/R Deduction ($53.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 457.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Roberta B. Meyer Meyer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771362723164

Amount of Each Receipt this Period
20.00

P/R Deduction ($10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John F. Dolan Dolan

Mailing Address 101 Constitution Ave, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼
660.00

Date of Receipt
M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771365423164

Amount of Each Receipt this Period
60.00

P/R Deduction ($30.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Barbara A. Price Price

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Vice Pres., Legislative & Regulatory I

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

Aggregate Year-to-Date ▼
651.85

Date of Receipt
M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771369023164

Amount of Each Receipt this Period
59.26

P/R Deduction ($29.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 139.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 3151.06

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771373223164

Amount of Each Receipt this Period: 286.46

P/R Deduction ($143.23 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 632.72

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771373523164

Amount of Each Receipt this Period: 57.52

P/R Deduction ($28.76 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 1706.77

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771374023164

Amount of Each Receipt this Period: 155.16

P/R Deduction ($77.58 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 499.14

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771374323164

Amount of Each Receipt this Period: 30.00

P/R Deduction ($15.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 559.24

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771376823164

Amount of Each Receipt this Period: 50.84

P/R Deduction ($25.42 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771377123164

Amount of Each Receipt this Period: 200.00

P/R Deduction ($100.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 280.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 4583.26

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771395123164

Amount of Each Receipt this Period: 416.66

P/R Deduction ($208.33 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Olivia H. Gillis Gillis

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Assoc. Director, Legislative & Regulat

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

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771408123164

Amount of Each Receipt this Period: 20.00

P/R Deduction ($10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Maria L. Palacios Palacios

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Managing Director, Human Resources

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

Aggregate Year-to-Date ▼ 208.56

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771408823164

Amount of Each Receipt this Period: 18.96

P/R Deduction ($9.48 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 455.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 2059.86

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771419323164

Amount of Each Receipt this Period: 187.26

P/R Deduction ($93.63 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771419923164

Amount of Each Receipt this Period: 150.00

P/R Deduction ($75.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Executive Assistant

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

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 11 / 30 / 2011

Transaction ID : PR771420023164

Amount of Each Receipt this Period: 30.00

P/R Deduction ($15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 367.26

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771421023164

Amount of Each Receipt this Period: 100.00

P/R Deduction ($50.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771421123164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Jeffry J. Janoska Janoska

Mailing Address 101 Constitution Avenue, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Senior Policy Analyst

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

Aggregate Year-to-Date ▼ 226.21

Date of Receipt: M M 11 / D D 30 / Y Y Y Y 2011

Transaction ID : PR771423123164

Amount of Each Receipt this Period: 22.50

P/R Deduction ($11.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 162.50

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

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

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: VP, Litigation & Assoc. Gen. Counsel

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

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771423223164

Amount of Each Receipt this Period: 80.00

P/R Deduction ($40.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Nina Aponte Aponte

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Senior Staff Accountant

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

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771425323164

Amount of Each Receipt this Period: 20.00

P/R Deduction ($10.00 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 1434.61

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771428723164

Amount of Each Receipt this Period: 130.42

P/R Deduction ($65.21 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 230.42

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 2758.35

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771428923164

Amount of Each Receipt this Period: 250.76

P/R Deduction ($125.38 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Shannon M. Carroll Carroll

Mailing Address 101 Constitution Avenue NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Director, Communications

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

Aggregate Year-to-Date ▼ 210.77

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771433623164

Amount of Each Receipt this Period: 19.16

P/R Deduction ($9.58 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Miriam Krol Krol

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Vice President, Long Term Care

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

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771434023164

Amount of Each Receipt this Period: 20.00

P/R Deduction ($10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 289.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Legal Editor

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

Aggregate Year-to-Date ▼ 225.50

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771439623164

Amount of Each Receipt this Period: 20.50

P/R Deduction ($10.25 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 1746.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771444323164

Amount of Each Receipt this Period: 180.00

P/R Deduction ($90.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. T. Scott Dixon Dixon

Mailing Address 101 Constitution Avenue NW
Suite 700 West

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Finance Director

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

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771444923164

Amount of Each Receipt this Period: 40.00

P/R Deduction ($20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 240.50

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

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

A. Full Name (Last, First, Middle Initial)
Mr. Andrew M. Melnyk Melnyk

Mailing Address 101 Constitution Avenue NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Managing Director, Research

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

Aggregate Year-to-Date ▼ 405.30

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771445823164

Amount of Each Receipt this Period: 37.50

P/R Deduction ($18.75 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

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

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

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771449623164

Amount of Each Receipt this Period: 50.00

P/R Deduction ($25.00 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue NW
Suite 700

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

FEC ID number of contributing federal political committee.: C

Name of Employer: American Council of Life Insurers
Occupation: Senior Actuary

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

Aggregate Year-to-Date ▼ 344.73

Date of Receipt: 11 / 30 / 2011
Transaction ID : PR771450123164

Amount of Each Receipt this Period: 31.34

P/R Deduction ($15.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ 118.84

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

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

A.
Full Name (Last, First, Middle Initial): Mr. Maurice A. Perkins Perkins
Mailing Address: 101 Constitution Ave, NW, Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Vice President, Federal Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2338.36
Date of Receipt: 11 / 30 / 2011
Transaction ID : PR805149123164
Amount of Each Receipt this Period: 229.16
P/R Deduction ($114.58 Semi-Monthly)

B.
Full Name (Last, First, Middle Initial): Mr. Wayne A. Mehlman Mehlman
Mailing Address: 101 Constitution Avenue, NW, Suite 700
City: Washington State: DC Zip Code: 20001-2133
FEC ID number of contributing federal political committee: C
Name of Employer: American Council of Life Insurers
Occupation: Counsel, Insurance Regulation
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 / 30 / 2011
Transaction ID : PR904819523164
Amount of Each Receipt this Period: 50.00
P/R Deduction ($25.00 Semi-Monthly)

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

SUBTOTAL of Receipts This Page (optional) ▶ 279.16

TOTAL This Period (last page this line number only) ▶ 5854.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial): Amica FED-PAC
Mailing Address: P.O. Box 6008
City: Providence State: RI Zip Code: 02940
FEC ID number of contributing federal political committee: C C00268987
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 11 / 08 / 2011
Transaction ID : 42842985
Amount of Each Receipt this Period: 2000.00

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial): Coburn For Senate 2010
Mailing Address: Post Office Box 977
City: Muskogee State: OK Zip Code: 74402
FEC ID number of contributing federal political committee: C C00409888
Name of Employer:
Occupation:
Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2011
Transaction ID : 42842986
Amount of Each Receipt this Period: 1000.00

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Enzi For U.S. Senate
Mailing Address: P.O. Box 2775
City: Cody State: WY Zip Code: 82414
Purpose of Disbursement:
Candidate Name: Sen. Michael Enzi
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: WY District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42954376
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Roskam For Congress Committee
Mailing Address: P. O. Box 713
City: Wheaton State: IL Zip Code: 60187
Purpose of Disbursement:
Candidate Name: Rep. Peter Roskam
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42955229
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Kline For Congress
Mailing Address: 101 W Burnsville Pkwy, Suite 104
Suite 104
City: Burnsville State: MN Zip Code: 55337
Purpose of Disbursement:
Candidate Name: Rep. John Kline
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 02
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42955476
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Friends of Carolyn McCarthy
Mailing Address: 151 Linden Road
City: Mineola State: NY Zip Code: 11501
Purpose of Disbursement:
Candidate Name: Carolyn McCarthy
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 04
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11/18/2011
Transaction ID : 42955894
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Scott Brown For Us Senate Committee
Mailing Address: P.O. Box 395
City: Wrentham State: MA Zip Code: 02903
Purpose of Disbursement:
Candidate Name: Sen. Scott Brown
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: MA District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11/18/2011
Transaction ID : 42956203
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): The Freedom Project
Mailing Address: 111 C Street, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name: The Freedom Project
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11/18/2011
Transaction ID : 42956821
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Geoff Davis For Congress
Mailing Address: 3161 Dixie Highway, Suite F
City: Erlanger State: KY Zip Code: 41018
Purpose of Disbursement:
Candidate Name: Rep. Geoffrey Davis
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 04
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42957761
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Lynn Jenkins For Congress
Mailing Address: 104 Hume Ave
City: Alexandria State: VA Zip Code: 22301
Purpose of Disbursement:
Candidate Name: Lynn Jenkins
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 02
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42958328
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Peters For Congress
Mailing Address: PO Box 226
City: Bloomfield Hills State: MI Zip Code: 48303
Purpose of Disbursement:
Candidate Name: Mr. Gary Peters
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 09
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42958523
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Montanans For Tester
Mailing Address: PO Box 1135
City: Helena State: MT Zip Code: 59624
Purpose of Disbursement:
Candidate Name: Sen. Jon Tester
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: MT District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42958763
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Jim Gerlach for Congress Committee
Mailing Address: P.O. Box 87
City: Uwchland State: PA Zip Code: 19480
Purpose of Disbursement:
Candidate Name: Jim Gerlach
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 18 / 2011
Transaction ID : 42958858
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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