



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		278831.80
(b) Cash on Hand at Beginning of Reporting Period.....	290570.35	
(c) Total Receipts (from Line 19) .....	20956.84	32895.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	311527.19	311727.19
7. Total Disbursements (from Line 31).....	85000.00	85200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	226527.19	226527.19
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Council of Life Insurers Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3750.06	6362.86
(ii) Unitemized .....	2206.78	6532.53
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5956.84	12895.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20956.84	32895.39
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))..... ▶	20956.84	32895.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20956.84	32895.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	85000.00
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	200.00
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)) ..	85000.00	85200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85000.00	85200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20956.84	32895.39
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20956.84	32895.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

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

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

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

**A. Mr. Walter C. Welsh**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **774.37**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR1550105926653**  
 Amount of Each Receipt this Period **387.18**  
 P/R Deduction (\$193.59 Semi-Monthly)

**B. Ms. Kathleen F. Kiernan-Pagani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **351.68**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR1728112726653**  
 Amount of Each Receipt this Period **175.84**  
 P/R Deduction (\$87.92 Semi-Monthly)

**C. Ms. Carolyn C. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **396.87**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR1821819626653**  
 Amount of Each Receipt this Period **198.44**  
 P/R Deduction (\$99.22 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **761.46**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. The Honora Dirk A. Kempthorne</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR1871324526653</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation President and CEO	Aggregate Year-to-Date 833.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gary E. Hughes</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771358226653</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 330.50
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$165.25 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou	Aggregate Year-to-Date 661.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Linda H. Cunningham</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771362426653</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 112.96
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$56.48 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development	Aggregate Year-to-Date 225.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	860.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. J. Bruce Ferguson</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771373226653</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 300.32
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.16 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations	Aggregate Year-to-Date 600.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. David M. Leifer</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771374026653</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 167.16
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.58 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 334.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. John W. Mangan CEBS</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771377126653</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	667.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(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. Ms. Kimberly O. Dorgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Publi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR771395126653**  
 Amount of Each Receipt this Period **416.66**  
 P/R Deduction (\$208.33 Semi-Monthly)

**B. Mr. Morris R. Goff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **394.52**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR771419326653**  
 Amount of Each Receipt this Period **197.26**  
 P/R Deduction (\$98.63 Semi-Monthly)

**C. Ms. Brenda S. Nation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 28 / 2013**  
**Transaction ID : PR771419926653**  
 Amount of Each Receipt this Period **150.00**  
 P/R Deduction (\$75.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **763.92**  
**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)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. David C. Turner</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771428926653</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 264.08
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$132.04 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 528.16		

Full Name (Last, First, Middle Initial) <b>B. Ms. Alane R. Dent</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR771444326653</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 191.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$95.83 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 383.33		

Full Name (Last, First, Middle Initial) <b>C. Mr. Maurice A. Perkins</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 <b>Transaction ID : PR805149126653</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 241.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$120.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 482.67		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	697.08
<b>TOTAL</b> This Period (last page this line number only).....▶	3750.06

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. RGA Reinsurance Company Federal PAC**  
 Mailing Address 1370 Timberlake Manor Parkway  
 City State Zip Code  
 Chesterfield MO 63017  
 FEC ID number of contributing federal political committee. **C C00461129**  
 Name of Employer Occupation  
 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  
 02 / 05 / 2013  
**Transaction ID : 50214737**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Assurant Inc. Political Action Committee**  
 Mailing Address P.O. Box 3050  
 City State Zip Code  
 Milwaukee WI 53201  
 FEC ID number of contributing federal political committee. **C C00185694**  
 Name of Employer Occupation  
 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  
 02 / 05 / 2013  
**Transaction ID : 50214758**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Unum PAC**  
 Mailing Address 2211 Congress Street  
 City State Zip Code  
 Portland ME 04122  
 FEC ID number of contributing federal political committee. **C C00155770**  
 Name of Employer Occupation  
 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  
 02 / 05 / 2013  
**Transaction ID : 50214760**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. DSCC**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670024**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670025**

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. NRSC**

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670026**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

45000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Max Baucus**

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

**Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

**Transaction ID : 49670030**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Max Baucus**

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Candidate Name

**Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

**Transaction ID : 49670031**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Levin For Congress**

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name

**Rep. Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2013

**Transaction ID : 49670032**

Amount of Each Disbursement this Period

2000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street #264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement

011

Candidate Name  
**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670033**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 217 Third Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Candidate Name  
**Patrick Tiberi**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670034**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Richard E. Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City State Zip Code  
Springfield MA 01108

Purpose of Disbursement

011

Candidate Name  
**Richard Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670035**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Blaine For Congress**

Mailing Address PO Box 1526

City Columbia State MO Zip Code 65205

Purpose of Disbursement

011

Candidate Name

**Mr. W. Blaine Luetkemeyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670036**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DCCC**

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

**Transaction ID : 49670037**

Amount of Each Disbursement this Period

15000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

16000.00
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**TOTAL** This Period (last page this line number only)..... ▶

85000.00
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