



**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="2012"/>		146986.01
(b) Cash on Hand at Beginning of Reporting Period.....	256497.71	
(c) Total Receipts (from Line 19) .....	35279.11	437040.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	291776.82	584026.82
7. Total Disbursements (from Line 31).....	25500.00	317750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	266276.82	266276.82
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

FEC Form 3X (Rev. 06/2004)

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).....	22443.00	192172.16
(ii) Unitemized .....	1836.11	29576.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24279.11	221748.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11000.00	210292.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35279.11	432040.81
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.....	0.00	5000.00
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))..... ▶	35279.11	437040.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35279.11	437040.81

**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.....	23500.00	298000.00
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	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements .....	2000.00	14750.00
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)) ..	25500.00	317750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	317750.00

**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) .....	35279.11	432040.81
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35279.11	427040.81
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: (check only one)	PAGE 6 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Patrick A Cozza**  
Full Name (Last, First, Middle Initial)

Mailing Address 545 Washington Boulevard  
11th Floor

City Jersey City State NJ Zip Code 07310-1607

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

Name of Employer HSBC Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
10 / 22 / 2012  
Transaction ID : 48771149

Amount of Each Receipt this Period  
1000.00

**B. Mr. Thomas E. Rattmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 2601 Pinebluff Drive

City Vestal State NY Zip Code 13850-2909

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation Chairman of the Board, President & Chi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
10 / 22 / 2012  
Transaction ID : 48771151

Amount of Each Receipt this Period  
1200.00

**C. Mr Patrick A Mannion**  
Full Name (Last, First, Middle Initial)

Mailing Address 7665 Hunt Lane

City Fayetteville State NY Zip Code 13066-2555

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
10 / 22 / 2012  
Transaction ID : 48771153

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 41  
(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. Ms. Peggy M. Rubin**  
 Mailing Address 6140 River Chase Circle  
 City Atlanta State GA Zip Code 30328-3545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation Senior Vice President, Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 48771155**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. August S. Dittmore**  
 Mailing Address 314 Wilson Ave  
 City Endwell State NY Zip Code 13760-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation Senior Vice President, Sales & Marketi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 48771157**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Daniel J. Fischer**  
 Mailing Address 6 Moran Court  
 City Binghamton State NY Zip Code 13903-5927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation Senior Vice President, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : 48773060**  
 Amount of Each Receipt this Period  
 375.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Michael C. Fosbury CFA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4504 Forest Lane  
 City Vestal State NY Zip Code 13850-3803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation SVP & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : 48773062**  
 Amount of Each Receipt this Period 375.00

**B. Mr. Gerald J. Hennenhoefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Deer Creek Drive  
 City O Fallon State MO Zip Code 63366-1459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President, Sales & Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : 48773064**  
 Amount of Each Receipt this Period 225.00

**C. Ms. Robin D. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1845 Burdick Road  
 City Binghamton State NY Zip Code 13903-6044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbian Mutual Life Insurance Compan Occupation Vice President, Mortgage Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : 48773066**  
 Amount of Each Receipt this Period 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<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 9 OF 41
<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. Jeanne M Clarke</b>		Date of Receipt
Mailing Address 507 Plum St		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Syracuse NY 13204-5429		<b>Transaction ID : 48773068</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Alice L. Cobb</b>		Date of Receipt
Mailing Address 1233 County Road 32		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Greene NY 13778-4143		<b>Transaction ID : 48828103</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Vice President, Marketing & Sales Supp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jack Greenberg</b>		Date of Receipt
Mailing Address 11 Devonshire Court		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City State Zip Code Plainview NY 11803-3209		<b>Transaction ID : 48828104</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="225.00"/>
Name of Employer Columbian Mutual Life Insurance Compan	Occupation Vice President, Pricing & Product Deve	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="675.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 41  
(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. Mr. Paul V. Swenson**

Mailing Address 1210 Pine Valley Place

City State Zip Code  
 Polk City IA 50226-2140

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

Name of Employer Occupation  
 Midland National Life Insurance Compan Vice President, IT

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : 48828105**

Amount of Each Receipt this Period  
 225.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Richard S. Relf Jr.**

Mailing Address 3708 Lake Moraine Road

City State Zip Code  
 Madison NY 13402-1606

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

Name of Employer Occupation  
 Columbian Mutual Life Insurance Compan VP, Administration

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : 48828106**

Amount of Each Receipt this Period  
 225.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Stuart W. Smith**

Mailing Address 3595 Chrstnut Drive

City State Zip Code  
 Doraville GA 30340-2035

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

Name of Employer Occupation  
 Columbian Mutual Life Insurance Compan Information Systems Management

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : 48828107**

Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 675.00

**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 11 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jay W Wason Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1056

City Syracuse State NY Zip Code 13201-1056

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

Name of Employer Columbian Mutual Life Insurance Compan Occupation VP - Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 22 / 2012  
**Transaction ID : 48828108**

Amount of Each Receipt this Period 225.00

**B. Mr. Cormac T. Treanor**  
Full Name (Last, First, Middle Initial)

Mailing Address 5110 30th Ave Apt 5L

City Woodside State NY Zip Code 11377-7944

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

Name of Employer Wilton Reassurance Company Occupation Vice President, Longevity Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt 11 / 08 / 2012  
**Transaction ID : 48828150**

Amount of Each Receipt this Period 223.00

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

Mailing Address 187 Danbury Road Riverview Building, 3rd Floor

City Wilton State CT Zip Code 06897-4122

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

Name of Employer Wilton Reassurance Company Occupation Senior Vice President & Chief Financia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2012  
**Transaction ID : 48828153**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 748.00

**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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Perry H. Braun</b>		Date of Receipt
Mailing Address 187 Danbury Road Riverview Building, 3rd Floor		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Wilton	State CT	Zip Code 06897-4122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 48830529</b>
Name of Employer Wilton Reassurance Company	Occupation Senior Vice President & Head, Runoff S	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="223.00"/>
	<input type="text" value="223.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Steven T. Cates</b>		Date of Receipt
Mailing Address 1512 Columbus Ave		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Waco	State TX	Zip Code 76701-1123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 48830530</b>
Name of Employer Texas Life Insurance Company	Occupation President & Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="223.00"/>
	<input type="text" value="223.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Chris C. Stroup</b>		Date of Receipt
Mailing Address 187 Danbury Road Riverview Building, 3rd Floor		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City Wilton	State CT	Zip Code 06897-4122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 48830531</b>
Name of Employer Wilton Reassurance Company	Occupation Chairman & Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>
	<input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2446.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="2446.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Andrew J. Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 North Nabby Road

City Danbury State CT Zip Code 06811-3344

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

Name of Employer Wilton Reassurance Company Occupation Senior Vice President & Chief Technolo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
11 / 01 / 2012  
**Transaction ID : 48830532**

Amount of Each Receipt this Period  
223.00

**B. Mr. Michael L. Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 Danbury Road  
Riverview Building, 3rd Floor

City Wilton State CT Zip Code 06897-4122

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

Name of Employer Wilton Reassurance Company Occupation Senior Vice President & Chief Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
11 / 01 / 2012  
**Transaction ID : 48830533**

Amount of Each Receipt this Period  
223.00

**C. Paul Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 N Magnolia Avenue  
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 SVP, Chief Information Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
10 / 31 / 2012  
**Transaction ID : 48902492**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 456.00

**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 14 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. John E. Schlifske**  
Full Name (Last, First, Middle Initial)

Mailing Address 720 East Wisconsin Avenue

City Milwaukee State WI Zip Code 53202-4703

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

Name of Employer Northwestern Mutual Life Insurance Com Occupation Chairman & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2012  
**Transaction ID : 48902632**

Amount of Each Receipt this Period 2500.00

**B. Dougan Civgin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Sanders Road J5D

City Northbrook State IL Zip Code 60062-7155

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

Name of Employer Allstate Insurance Company Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2012  
**Transaction ID : 48902633**

Amount of Each Receipt this Period 2500.00

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

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 ▼ 231.00

Date of Receipt 10 / 18 / 2012  
**Transaction ID : 48914088**

Amount of Each Receipt this Period 11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5011.00

**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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mr. Donald L. Donald L. Walker**  
 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 SVP, Administration & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1156427126080**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Mr. John Patterson**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 275.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1231727526080**  
 Amount of Each Receipt this Period 44.00  
 P/R Deduction (\$11.00 Bi-Weekly)

**C. Mr. W. Bryant W. Bryant Sadler**  
 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 Staff Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1415470226080**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	224.00
<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 16 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Mandana Mandana Parsazad**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 210.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1481799826080**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. Mr. Craig D Simms**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Quail Hollow Drive  
 City Southington State CT Zip Code 06489-1617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1503559926080**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. Peter L Tedone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Lincoln  
 City Weatogue State CT Zip Code 06089-9780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 341.76

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1503560126080**  
 Amount of Each Receipt this Period 56.96  
 P/R Deduction (\$14.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.96
<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 17 OF 41
<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. Walter C. Walter C. Welsh</b>		Date of Receipt 11 / 26 / 2012 <b>Transaction ID : PR1550105926080</b>
Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Amount of Each Receipt this Period 569.37
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$189.79 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Executive Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
Aggregate Year-to-Date <b>3985.59</b>		

Full Name (Last, First, Middle Initial) <b>B. Mr. Robert H. Robert H. Neill Jr. Jr.</b>		Date of Receipt 11 / 26 / 2012 <b>Transaction ID : PR1554864826080</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 20.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Senior Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
Aggregate Year-to-Date <b>380.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Ms. Gail S. Gail S. Hoeflich</b>		Date of Receipt 11 / 26 / 2012 <b>Transaction ID : PR1565786726080</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Legislative Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
Aggregate Year-to-Date <b>420.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>649.37</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Shannon N. Shannon N. Salinas**  
 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 Counsel, Taxes & Retirement Security  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1647849726080**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Ms. Kathleen F. 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 ▼ 1739.02

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1728112726080**  
 Amount of Each Receipt this Period 248.43  
 P/R Deduction (\$82.81 Bi-Weekly)

**C. Mr. Edmund V Mahoney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Northgate  
 City Simsbury State CT Zip Code 06070-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vantis Life Insurance Company Occupation Vice President, Investments  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1729084726080**  
 Amount of Each Receipt this Period 38.48  
 P/R Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	346.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<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. Ms. Carolyn C. Carolyn C. Cobb</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1821819626080</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 289.05
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$96.35 Bi-Weekly)
Aggregate Year-to-Date ▼ 2023.36		

Full Name (Last, First, Middle Initial) <b>B. The Honora Dirk A. Dirk A. Kempthorne</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR1871324526080</b>
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 624.99
Name of Employer American Council of Life Insurers Occupation President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$208.33 Bi-Weekly)
Aggregate Year-to-Date ▼ 4374.93		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lisa Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012
Mailing Address 800 North Magnolia Ave. Suite 1400		<b>Transaction ID : PR1871488826080</b>
City Orlando State FL Zip Code 32803-3248	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Hannover Life Reassurance Company of A Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)
Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	944.04
<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 20 OF 41
<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. Peter J. Peter J. Bautz</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 <b>Transaction ID : PR1903849826080</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Vice President, Taxes and Retirement S	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

Full Name (Last, First, Middle Initial) <b>B. Jim Pyc</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 <b>Transaction ID : PR194888426080</b>
Mailing Address 9124 MidPines Court		Amount of Each Receipt this Period 36.00
City Orlando State FL Zip Code 32819-4307	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer Hannover Life Reassurance Company of A Occupation EVP, financial Solutions	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) <b>C. Stephen A Elliott</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2012 <b>Transaction ID : PR1964224826080</b>
Mailing Address 8906 Quail Ridge Lane		Amount of Each Receipt this Period 30.00
City Lenox State KS Zip Code 66220	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Fidelity Security Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<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 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. William R Hobbs</b>		Date of Receipt
Mailing Address 13005 Windsor Circle		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Leawood	KS	66209-1793
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1964225726080</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
Fidelity Security	VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="525.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. James C Leuschke</b>		Date of Receipt
Mailing Address 12901 Nebo Hills Rd		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kearney	MO	64060-8237
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1964226126080</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
Fidelity Security	Accountant	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Anita Anita Peduzzi</b>		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 W		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20001-2146
FEC ID number of contributing federal political committee.		<b>Transaction ID : PR1978714926080</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.01"/>
Name of Employer	Occupation	P/R Deduction (\$41.67 Bi-Weekly)
American Council of Life Insurers	PAC Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="875.07"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.01"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Joshua T. Joshua T. Mauthe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2210 12th St NW  
 City Washington State DC Zip Code 20009-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Meeting Planner-Special Projects Coord  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR1978715626080**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Paul Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 N Magnolia Avenue 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 SVP, Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR2019034826080**  
 Amount of Each Receipt this Period 20.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**c. Mr. Gary E. Gary E. Hughes**  
 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 Executive Vice President & General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3368.81

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771358226080**  
 Amount of Each Receipt this Period 481.26  
 P/R Deduction (\$160.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.26
<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 23 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Linda H. Linda H. Cunningham**  
 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, Conference Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1153.31**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR771362426080**  
 Amount of Each Receipt this Period **164.76**  
 P/R Deduction (\$54.92 Bi-Weekly)

**B. Ms. Roberta B. Roberta B. Meyer**  
 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 & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR771362726080**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Mr. John F. John F. Dolan**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ **630.00**

Date of Receipt **11 / 26 / 2012**  
**Transaction ID : PR771365426080**  
 Amount of Each Receipt this Period **90.00**  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>284.76</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Mr. J. Bruce J. Bruce Ferguson**  
 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 Vice President, State Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3090.99

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771373226080**  
 Amount of Each Receipt this Period 441.57  
 P/R Deduction (\$147.19 Bi-Weekly)

**B. Ms. Shawn Shawn Hausman**  
 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 Sr. Vice President, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.17

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771373526080**  
 Amount of Each Receipt this Period 89.31  
 P/R Deduction (\$29.77 Bi-Weekly)

**C. Mr. David M. David M. Leifer**  
 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 & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1692.18

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771374026080**  
 Amount of Each Receipt this Period 241.74  
 P/R Deduction (\$80.58 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	772.62
<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 25 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mr. James D. James D. Hall**  
 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 ▼ 315.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771374326080**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. Mr. C. Bryan C. Bryan Cox**  
 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 ▼ 577.50

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771376826080**  
 Amount of Each Receipt this Period 82.50  
 P/R Deduction (\$27.50 Bi-Weekly)

**C. Mr. John W. John W. Mangan CEBS**  
 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 Regional Vice President, State Relatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771377126080**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	427.50
<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 26 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ms. Kimberly O. 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 ▼ 4374.93

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771395126080**  
 Amount of Each Receipt this Period 624.99  
 P/R Deduction (\$208.33 Bi-Weekly)

**B. Ms. Olivia H. Olivia H. Gillis**  
 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 Assoc. Director, Legislative & Regulat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771408126080**  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. Ms. Maria L. Maria L. Palacios**  
 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 Managing Director, Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.01

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771408826080**  
 Amount of Each Receipt this Period 29.43  
 P/R Deduction (\$9.81 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	684.42
<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 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Morris R. Morris R. Goff</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771419326080</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 288.39
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.13 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 2018.73	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ms. Brenda S. Brenda S. Nation</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771419926080</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 225.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 1575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Debra K. Debra K. West</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771421026080</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 1050.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	663.39
<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 28 OF 41
	<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. Michael Michael Lovendusky</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771421126080</b>
Mailing Address 101 Constitution Ave, NW Suite 700			Amount of Each Receipt this Period 60.00
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Cou		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jeffry J. Jeffry J. Janoska</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771423126080</b>
Mailing Address 101 Constitution Avenue, NW Suite 700			Amount of Each Receipt this Period 35.01
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$11.67 Bi-Weekly)
Name of Employer American Council of Life Insurers	Occupation Senior Policy Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.39		

Full Name (Last, First, Middle Initial) <b>C. Ms. Lisa J. Lisa J. Tate</b>			Date of Receipt MM / DD / YYYY 11 / 26 / 2012 <b>Transaction ID : PR771423226080</b>
Mailing Address 101 Constitution Avenue, NW Suite 700			Amount of Each Receipt this Period 120.00
City Washington	State DC	Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer American Council of Life Insurers	Occupation VP, Litigation & Assoc. Gen. Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.01
<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 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Nina Nina Aponte**  
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 Senior Staff Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR771425326080**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$10.00 Bi-Weekly)

**B. Mr. David C. David C. Turner**  
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 EVP, Chief of Staff & Corp. Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2705.44**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR771428926080**

Amount of Each Receipt this Period **386.49**

P/R Deduction (\$128.83 Bi-Weekly)

**C. Ms. Miriam Miriam Krol**  
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, Long Term Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 26 / 2012**

**Transaction ID : PR771434026080**

Amount of Each Receipt this Period **30.00**

P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>446.49</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Mr. Kynondo Kynondo Lewis**  
 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 Legal Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.50

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771439626080**  
 Amount of Each Receipt this Period 31.50  
 P/R Deduction (\$10.50 Bi-Weekly)

**B. Ms. Alane R. Alane R. Dent**  
 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, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1946.91

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771444326080**  
 Amount of Each Receipt this Period 278.13  
 P/R Deduction (\$92.71 Bi-Weekly)

**C. Mr. T. Scott T. Scott Dixon**  
 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 Finance Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771444926080**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	369.63
<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 31 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Andrew M. Andrew M. Melnyk**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 406.36

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771445826080**  
 Amount of Each Receipt this Period 58.05  
 P/R Deduction (\$19.35 Bi-Weekly)

**B. Ms. Julie A. Julie A. Spiezio**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 525.00

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771449626080**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Mr. John K. John K. Bruins**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 339.15

Date of Receipt 11 / 26 / 2012  
**Transaction ID : PR771450126080**  
 Amount of Each Receipt this Period 48.45  
 P/R Deduction (\$16.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	181.50
<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 32 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Raymond J. Hazel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 7 Daydilly Court		<b>Transaction ID : PR796887926080</b>
City Wilmington	State DE	Zip Code 19808-1951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Maurice A. Maurice A. Perkins</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR805149126080</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 353.13
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$117.71 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2471.90	

Full Name (Last, First, Middle Initial) <b>C. Mr. Wayne A. Wayne A. Mehlman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012
Mailing Address 101 Constitution Avenue, NW Suite 700		<b>Transaction ID : PR904819526080</b>
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	488.13
<b>TOTAL</b> This Period (last page this line number only).....▶	22443.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**A. Securian Inc PAC**

Mailing Address 400 Robert Street North

City St Paul State MN Zip Code 55101

FEC ID number of contributing federal political committee. **C** C00120006

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  
 10 / 22 / 2012

**Transaction ID : 48760566**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Allianz/Fireman's Fund Insurance Company PAC**

Mailing Address 1101 Connecticut Ave, NW #950

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00095109

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  
 10 / 22 / 2012

**Transaction ID : 48760896**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**C. Munich American Reassurance Co PAC, Inc.**

Mailing Address 56 Perimeter Ctr Suite 500

City Atlanta State GA Zip Code 30346

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2012

**Transaction ID : 48902631**

Amount of Each Receipt this Period  
 4500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11000.00

**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. Bob Casey For Senate Inc**

Mailing Address 607 14th Street Nw Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Sen. Robert Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342637**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Candidate Name

**Sen. Jon Tester**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342639**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address PO Box 76187  
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement

011

Candidate Name

**Sen. Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342640**

Amount of Each Disbursement this Period

2000.00
---------

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

5500.00
---------

**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 Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Candidate Name

**Mr. Christopher Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : 48342642**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : 48342643**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Scott Brown For Us Senate Committee**

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

011

Candidate Name

**Sen. Scott Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		26		2012

**Transaction ID : 48342644**

Amount of Each Disbursement this Period

3000.00
---------

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

7000.00
---------

**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. Judy Biggert for Congress**

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Judy Biggert**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

**Transaction ID : 48342645**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

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

**Transaction ID : 48342646**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends Of Nan Hayworth**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Nan Hayworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

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

**Transaction ID : 48342774**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Duffy For Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Sean Duffy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342775**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jim Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342776**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Vern Buchanan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : 48342777**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4000.00
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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. Canseco For Congress**

Mailing Address 10004 Wurzbach Road #366

City San Antonio State TX Zip Code 78230

Purpose of Disbursement

011

Candidate Name

**Mr. Francisco Canseco**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 48342778**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Defend America PAC**

Mailing Address 228 South Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Void - Defend America PAC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : 48348180**

Amount of Each Disbursement this Period

-3000.00

Void - Defend America PAC

Full Name (Last, First, Middle Initial)

**C. Defend America PAC**

Mailing Address 228 South Washington Street  
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : 48471619**

Amount of Each Disbursement this Period

3000.00

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

1000.00

**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. Robert Hurt For Congress**

Mailing Address PO Box 2

City Chatham State VA Zip Code 24531

Purpose of Disbursement

011

Candidate Name

**Rep. Robert Hurt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

**Transaction ID : 48471620**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement  
Void - Jim Renacci For Congress

011

Candidate Name

**Rep. Jim Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : 48499532**

Amount of Each Disbursement this Period

-1000.00

Void - Jim Renacci For Congress

Full Name (Last, First, Middle Initial)

**C. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Candidate Name

**Rep. Jim Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2012

**Transaction ID : 48499533**

Amount of Each Disbursement this Period

1000.00

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

1000.00

**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. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Runoff2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2012			

**Transaction ID : 48688357**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Johnson for South Dakota**

Mailing Address P O Box 1536

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Redesignate 6/5/12 contribution to correct election cycle

011

Category/  
Type

Candidate Name

**Tim Johnson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2012			

**Transaction ID : 48838442**

Amount of Each Disbursement this Period

500.00
--------

**[MEMO ITEM]**

Redesignate 6/5/12 contribution to correct election cycle

Full Name (Last, First, Middle Initial)

**C. Andrews for Congress Committee**

Mailing Address P.O. Box 295

City State Zip Code  
Oaklyn NJ 08017

Purpose of Disbursement  
Redesignate 6/5/12 contribuion from 2012 Primary to 2012 General

011

Category/  
Type

Candidate Name

**Robert Andrews**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

**Transaction ID : 48925839**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Redesignate 6/5/12 contribuion from 2012 Primary to 2012 General

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

1000.00
---------

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

23500.00
----------

**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 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 checked="" 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. Coalition to Elect Larry Taylor**

Mailing Address P.O. Box 1208

City Friendswood State TX Zip Code 77549

Purpose of Disbursement  
Larry Taylor, STATE HOUSE 24th TX

Candidate Name  
**Larry Taylor**

Office Sought:  House  
 Senate  
 President  
State: TX District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
10 / 18 / 2012

**Transaction ID : 48150277**

Amount of Each Disbursement this Period

Larry Taylor, STATE HOUSE 24th TX

Full Name (Last, First, Middle Initial)

**B. Friends of Dominic Pileggi**

Mailing Address 323 W Front Street

City Media State PA Zip Code 19063

Purpose of Disbursement  
Dominic Pileggi, STATE SENATE 9th PA

Candidate Name  
**PA Sen. Dominic Pileggi**

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 19 / 2012

**Transaction ID : 48688367**

Amount of Each Disbursement this Period

Dominic Pileggi, STATE SENATE 9th PA

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  
MM / DD / YYYY

Amount of Each Disbursement this Period

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

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