



**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.....	171459.03	
(c) Total Receipts (from Line 19) .....	86461.18	261934.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	257920.21	408920.21
7. Total Disbursements (from Line 31).....	49000.00	200000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	208920.21	208920.21
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37726.45	106212.90
(ii) Unitemized .....	3734.73	17428.77
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41461.18	123641.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	133292.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	81461.18	256934.20
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.....	5000.00	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))..... ▶	86461.18	261934.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	86461.18	261934.20

**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.....	49000.00	195500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	4500.00
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)) ..	49000.00	200000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49000.00	200000.00

**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) .....	81461.18	256934.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	81461.18	256934.20
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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Frank Hilsabeck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2012 <b>Transaction ID : 46156247</b>
Mailing Address 6211 Andrew Court		Amount of Each Receipt this Period 300.00
City Lincoln	State NE	Zip Code 68512-1904
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Lyn Wallin Ziegenbein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2012 <b>Transaction ID : 46156248</b>
Mailing Address 600 S. 93rd Street		Amount of Each Receipt this Period 300.00
City Omaha	State NE	Zip Code 68114-5012
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Peter Kiewit Foundation	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Geri Gaughan</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2012 <b>Transaction ID : 46156249</b>
Mailing Address 2001 Grove Street		Amount of Each Receipt this Period 1000.00
City Glenview	State IL	Zip Code 60025-2817
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MTL Insurance Company	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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: 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. Mr. Stephen M. Batza**

Mailing Address 605 Fox Glen Drive

City State Zip Code  
 Saint Charles IL 60174-8807

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

Name of Employer Occupation  
 MTL Insurance Company President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : 46156250**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Lori Pajeau**

Mailing Address 2885 Morning Sun Dr

City State Zip Code  
 Lima OH 45805-4802

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

Name of Employer Occupation  
 MTL Insurance Company Vice President

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  
 06 / 12 / 2012  
**Transaction ID : 46156362**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Marc LeBaron**

Mailing Address 6130 The Knolls

City State Zip Code  
 Lincoln NE 68512-1942

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

Name of Employer Occupation  
 Lincoln Industries Chairman & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : 46156398**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

**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. John R. Strangfeld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 751 Broad Street  
 24th Floor  
 City Newark State NJ Zip Code 07102-3714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Prudential Insurance Company of Americ Occupation Chairman & Chief Executive Officer  
 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  
 06 / 14 / 2012  
**Transaction ID : 46394758**  
 Amount of Each Receipt this Period  
 5000.00

**B. James G. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4608 Driftwood  
 City Frisco State TX Zip Code 75034-5132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Security Life Insurance Compan Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2012  
**Transaction ID : 46394759**  
 Amount of Each Receipt this Period  
 2000.00

**C. Mr. Peter R. Schaefer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 North Magnolia Ave.  
 Suite 1400  
 City Orlando State FL Zip Code 32803-3280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hannover Life Reassurance Company of A Occupation President & Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2012  
**Transaction ID : 46394760**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<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"/> 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. Eugene Choate**  
Full Name (Last, First, Middle Initial)

Mailing Address 4370 Peachtree Road, NE

City	State	Zip Code
Atlanta	GA	30319-3054

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

Name of Employer	Occupation
Bankers Fidelity Life Insurance Compan	President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	14	/	2012

**Transaction ID : 46394761**

Amount of Each Receipt this Period  
1500.00

**B. Steve Kandarian**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Lenox Road

City	State	Zip Code
Summit	NJ	07901-3704

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

Name of Employer	Occupation
MetLife	President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	14	/	2012

**Transaction ID : 46394765**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 9300 Shawnee Run Road

City	State	Zip Code
Cincinnati	OH	45243-2826

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

Name of Employer	Occupation
Western-Southern Financial Group	Chairman of the Board, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	14	/	2012

**Transaction ID : 46394766**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<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 10 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. Larry Zimpleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2186 South Orilla Rd

City Cumming State IA Zip Code 50061-7506

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

Name of Employer Principal: Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 14 / 2012  
**Transaction ID : 46394767**

Amount of Each Receipt this Period: 2500.00

**B. Mr. Mark W. Mullin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4333 Edgewood Road, NE

City Cedar Rapids State IA Zip Code 52499-0001

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

Name of Employer Occupation: AEGON USA, Inc. President & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 14 / 2012  
**Transaction ID : 46394768**

Amount of Each Receipt this Period: 1500.00

**C. Mr. Gary T. Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 187 Congress Run Road

City Cincinnati State OH Zip Code 45215-5001

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

Name of Employer Occupation: Ohio National Life Insurance Company P President & Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 27 / 2012  
**Transaction ID : 46395568**

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00

**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"/> 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. D. J. Saltsman</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 <b>Transaction ID : 46395582</b>
Mailing Address 3852 Hallman Avenue		Amount of Each Receipt this Period 225.00
City Collegeville	State PA	Zip Code 19426-1026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer London Life Reinsurance Company	Occupation Underwriter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. G. Edward Hughes</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 <b>Transaction ID : 46395738</b>
Mailing Address 1200 Jorie Blvd		Amount of Each Receipt this Period 500.00
City Oak Brook	State IL	Zip Code 60523-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mutual Trust Financial Group	Occupation Senior Vice President, CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>c. Mr. Donald L. Donald L. Walker</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1156427124741</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 100.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<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 12 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. Yang Ye</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1415829624741</b>
Mailing Address 527 Bookbinder Way		Amount of Each Receipt this Period 25.00
City Lansdale	State PA	Zip Code 19446-4056
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Monthly)
Name of Employer London Life Reinsurance Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2525.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Craig D Simms</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1503559924741</b>
Mailing Address 31 Quail Hollow Drive		Amount of Each Receipt this Period 40.00
City Southington	State CT	Zip Code 06489-1617
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Vantis Life Insurance Company	Occupation Senior Vice President, Sales & Marketi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Walter C. Walter C. Welsh</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1550105924741</b>
Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Amount of Each Receipt this Period 379.58
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		P/R Deduction (\$189.79 Semi-Monthly)
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) ▼	Aggregate Year-to-Date ▼ 2277.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	444.58
<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 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. Robert H. Robert H. Neill Jr. Jr.**  
 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 Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1554864824741**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**B. Ms. Gail S. Gail S. Steinberg**  
 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 Legislative Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1565786724741**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**C. 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 ▼ 240.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1647849724741**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 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	

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. 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 ▼ 993.73

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1728112724741**  
 Amount of Each Receipt this Period 165.62  
 P/R Deduction (\$82.81 Semi-Monthly)

**B. Ms. Carolyn C. Carolyn C. Cobb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1156.21

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1821819624741**  
 Amount of Each Receipt this Period 192.70  
 P/R Deduction (\$96.35 Semi-Monthly)

**C. The Honora Dirk A. Dirk A. Kempthorne**  
 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 President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1871324524741**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$208.33 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	774.98
<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 15 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. Peter J. Peter J. Bautz</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1903849824741</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Semi-Monthly)
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. William R Hobbs</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1964225724741</b>
Mailing Address 13005 Windsor Circle		Amount of Each Receipt this Period 50.00
City Leawood	State KS	Zip Code 66209-1793
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Fidelity Security	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Anita Anita Peduzzi</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1978714924741</b>
Mailing Address 101 Constitution Avenue Suite 700 W		Amount of Each Receipt this Period 83.34
City Washington	State DC	Zip Code 20001-2146
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.34
<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"/> 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. 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 ▼ 240.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1978715624741**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**B. 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 ▼ 1925.03

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771358224741**  
 Amount of Each Receipt this Period 320.84  
 P/R Deduction (\$160.42 Semi-Monthly)

**C. 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 ▼ 659.03

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771362424741**  
 Amount of Each Receipt this Period 109.84  
 P/R Deduction (\$54.92 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.68
<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"/> 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 F. John F. Dolan**

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

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR771365424741**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$30.00 Semi-Monthly)

**B. Ms. Barbara A. Barbara A. Price**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.75

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR771369024741**

Amount of Each Receipt this Period  
31.25

P/R Deduction (\$31.25 Semi-Monthly)

**C. Mr. J. Bruce J. Bruce Ferguson**

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

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1766.28

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR771373224741**

Amount of Each Receipt this Period  
294.38

P/R Deduction (\$147.19 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.63
<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 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. 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 ▼ 357.24

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771373524741**  
 Amount of Each Receipt this Period 59.54  
 P/R Deduction (\$29.77 Semi-Monthly)

**B. 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 ▼ 966.96

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771374024741**  
 Amount of Each Receipt this Period 161.16  
 P/R Deduction (\$80.58 Semi-Monthly)

**C. 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 ▼ 330.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771376824741**  
 Amount of Each Receipt this Period 55.00  
 P/R Deduction (\$27.50 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.70
<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"/> 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 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771377124741**  
 Amount of Each Receipt this Period 200.00  
 P/R Deduction (\$100.00 Semi-Monthly)

**B. 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 ▼ 2499.96

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771395124741**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$208.33 Semi-Monthly)

**C. Mr. Morris R. Morris R. Goff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.56

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771419324741**  
 Amount of Each Receipt this Period 192.26  
 P/R Deduction (\$96.13 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 808.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 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. Brenda S. Brenda S. Nation**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771419924741**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$75.00 Semi-Monthly)

**B. Ms. Debra K. Debra K. West**  
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771421024741**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**C. Mr. Michael Michael Lovendusky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771421124741**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<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**

**A. Ms. Lisa J. Lisa J. Tate**  
 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 VP, Litigation & Assoc. Gen. Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771423224741**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Semi-Monthly)

**B. Mr. John P. John P. Gerni**  
 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 ▼ 774.61

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771428724741**  
 Amount of Each Receipt this Period 70.42  
 P/R Deduction (\$70.42 Semi-Monthly)

**C. 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 ▼ 1545.97

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR771428924741**  
 Amount of Each Receipt this Period 257.66  
 P/R Deduction (\$128.83 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.08
<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 22 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. Ms. Alane R. Alane R. Dent</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		<b>Transaction ID : PR771444324741</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 185.42
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	P/R Deduction (\$92.71 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1112.52	

Full Name (Last, First, Middle Initial) <b>B. Mr. T. Scott T. Scott Dixon</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 101 Constitution Avenue NW Suite 700 West		<b>Transaction ID : PR771444924741</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 40.00
Name of Employer American Council of Life Insurers	Occupation Finance Director	P/R Deduction (\$20.00 Semi-Monthly)
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. Mr. Andrew M. Andrew M. Melnyk</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 101 Constitution Avenue NW Suite 700		<b>Transaction ID : PR771445824741</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 38.70
Name of Employer American Council of Life Insurers	Occupation Managing Director, Research	P/R Deduction (\$19.35 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.21	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	264.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Julie A. Julie A. Spiezio</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR771449624741</b>
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Maurice A. Maurice A. Perkins</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR805149124741</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 235.42
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$117.71 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 1412.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Wayne A. Wayne A. Mehlman</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR904819524741</b>
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	335.42
<b>TOTAL</b> This Period (last page this line number only).....▶	37726.45

**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 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. AEGON USA Inc. Political Action Committee**

Mailing Address 1111 North Charles Street

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C C00236414**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 08 / 2012  
**Transaction ID : 46156138**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. New York Life PAC**

Mailing Address 51 Madison Avenue

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 12 / 2012  
**Transaction ID : 46156146**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Trustmark Ins. Co. PAC**

Mailing Address Trustmark Insurance Company  
400 Field Drive

City Lake Forest State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C C00156166**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 08 / 2012  
**Transaction ID : 46156203**

Amount of Each Receipt this Period  
5000.00

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

**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 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. HSBC North America PAC (H-PAC)**

Mailing Address 26525 N. Riverwoods Blvd.

City Mettawa	State IL	Zip Code 60045
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00033423

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
06	/	05	/	2012

**Transaction ID : 46156214**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Protective Life Corp. PAC**

Mailing Address P. O. Box 2606

City Birmingham	State AL	Zip Code 35202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00161414

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
06	/	15	/	2012

**Transaction ID : 46394750**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 711 High Street

City Des Moines	State IA	Zip Code 50392
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00128918

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
06	/	14	/	2012

**Transaction ID : 46394769**

Amount of Each Receipt this Period  
5000.00

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

**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 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) <b>A. Western-Southern PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2012 <b>Transaction ID : 46394770</b>
Mailing Address 400 Broadway		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee.	C C00258228	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Ohio National Life PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012 <b>Transaction ID : 46395545</b>
Mailing Address One Financial Way		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee.	C C00296657	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00

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

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

FOR LINE NUMBER: PAGE 27 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. Aviva USA PAC**

Mailing Address 699 Walnut Street  
 Suite 2000

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee. **C** C00180901

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : 46156216**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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. Becerra for Congress**

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771934**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771938**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. 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
0	6		0	5		2	0	1	2

**Transaction ID : 45771939**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	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. Brady For Congress**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement

011

Candidate Name

**Rep. Kevin Brady**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : 45771941**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address P.O. Box 423

City State Zip Code  
Midland MI 48640

Purpose of Disbursement

011

Candidate Name

**Dave Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : 45771942**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 217 Third Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Candidate Name

**Patrick Tiberi**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : 45771944**

Amount of Each Disbursement this Period

2000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee**

Mailing Address 257 East 200 South Suite 950

City State Zip Code  
Salt Lake City UT 84111

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Orrin Hatch**

Office Sought:  House  
 Senate  
 President  
State: UT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

**Transaction ID : 45771946**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bob Corker For Senate**

Mailing Address PO Box 848

City State Zip Code  
Chattanooga TN 37401

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Sen. Robert Corker**

Office Sought:  House  
 Senate  
 President  
State: TN District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

**Transaction ID : 45771948**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jim Risch For U S Senate Committee**

Mailing Address PO Box 1247

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Mr. James Risch**

Office Sought:  House  
 Senate  
 President  
State: ID District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2012

**Transaction ID : 45771954**

Amount of Each Disbursement this Period

1000.00
---------

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

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

6000.00
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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. Marco Rubio For Us Senate**

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement

011

Candidate Name

**Sen. Marco Rubio**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	2		

**Transaction ID : 45771956**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

**Sen. Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	2		

**Transaction ID : 45771957**

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Tim Johnson for South Dakota**

Mailing Address P O Box 1536

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

**Tim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	2		

**Transaction ID : 45771958**

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

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

3	0	0	.	0	0
---	---	---	---	---	---

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

3	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. Andrews for Congress Committee**

Mailing Address P.O. Box 295

City State Zip Code  
Oaklyn NJ 08017

Purpose of Disbursement

011

Candidate Name

**Robert Andrews**

Category/  
Type

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
0	6		0	5		2	0	1	2

**Transaction ID : 45771959**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Judy Biggert for Congress**

Mailing Address P.O. Box 637

City State Zip Code  
Hinsdale IL 60522

Purpose of Disbursement

011

Candidate Name

**Judy Biggert**

Category/  
Type

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
0	6		0	5		2	0	1	2

**Transaction ID : 45771960**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Larson for Congress**

Mailing Address 29 Ruff Circle

City State Zip Code  
Glastonbury CT 06033

Purpose of Disbursement

011

Candidate Name

**John Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771961**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771962**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mel Watt For Congress Committee**

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Melvin Watt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771965**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee**

Mailing Address 400 N. Capitol Street  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45771966**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
---	---	---	---	---	---	---

4	5	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. Friends Of Mark Warner**

Mailing Address 1029 North Royal Street 2nd Fl

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

**Mr. Mark Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 45772126**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

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

**Transaction ID : 46016349**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Grassley Committee**

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

**Chuck Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

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

**Transaction ID : 46016353**

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)..... ▶

3	0	0	0	0	0	0	0	0	0

1	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. The Freedom Fund**

Mailing Address 128 North Columbus Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

**Transaction ID : 46016360**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Moran For Kansas**

Mailing Address P O Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

Candidate Name

**Mr. Jerry Moran**

Office Sought:  House  Senate  President  
State: KS District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

**Transaction ID : 46016363**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Maloney For Congress**

Mailing Address 110 D Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

**Rep. Carolyn Maloney**

Office Sought:  House  Senate  President  
State: NY District: 14

Disbursement For: 2012  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2012

**Transaction ID : 46016793**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00



**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. 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  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 46016810**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Carper for Senate**

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Carper**

Office Sought:  House  
 Senate  
 President  
State: DE District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 46016822**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Max Baucus**

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : 46016823**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

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

5	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0
0	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. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Joseph Crowley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : 46016826**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Adrian Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2012

**Transaction ID : 46016828**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Perlmutter For Congress**

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edwin Perlmutter**

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
06	/	21	/	2012

**Transaction ID : 46016830**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3500.00
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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. Tim Johnson for South Dakota**

Mailing Address P O Box 1536

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

011

Candidate Name

**Tim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2012

**Transaction ID : 46392904**

Amount of Each Disbursement this Period

500.00

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 8/3/11 to correct election cycle

011

Candidate Name

**Tim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 46392910**

Amount of Each Disbursement this Period

2500.00

**[MEMO ITEM]**

Redesignate 8/3/11 to correct election cycle

Full Name (Last, First, Middle Initial)

**C. Tim Johnson for South Dakota**

Mailing Address P O Box 1536

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Redesignate 12/16/11 contribution to correct election cycle

011

Candidate Name

**Tim Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2012

**Transaction ID : 46392911**

Amount of Each Disbursement this Period

1000.00

**[MEMO ITEM]**

Redesignate 12/16/11 contribution to correct election cycle

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

500.00

**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. Citizens for Harkin

Mailing Address P O Box 811

City State Zip Code  
Des Moines IA 50304

Purpose of Disbursement  
Redesignate 4/27/122 check to correct election cycle

011

Category/  
Type

Candidate Name  
**Tom Harkin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2012

Transaction ID : 46392913

Amount of Each Disbursement this Period

1000.00
---------

[MEMO ITEM]

Redesignate 4/27/122 check to correct election cycle

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

0.00
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**TOTAL** This Period (last page this line number only)..... ▶

49000.00
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