

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<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. Roger W Crandall
Full Name (Last, First, Middle Initial)

Mailing Address 1295 State St.

City Springfield State MA Zip Code 01111-0001

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

Name of Employer MassMutual Life Insurance Company Occupation Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 10 / 2014
Transaction ID : 61230272

Amount of Each Receipt this Period 5000.00

B. Ms. Joann Waiters
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 Counsel, State Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 11 / 2014
Transaction ID : 61231914

Amount of Each Receipt this Period 300.00

C. Mr. 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 ▼ 700.00

Date of Receipt 07 / 31 / 2014
Transaction ID : PR1156427134574

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 5400.00

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