

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

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

FOR LINE NUMBER: PAGE 9 OF 45  
(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. Charles R Mabry Jr**

Mailing Address 120 Royall St

City State Zip Code  
 Canton MA 02021-1028

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

Name of Employer Occupation  
 Boston Mutual Life Insurance Company Vice President - Worksite Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 62099515**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 7665 Hunt Lane

City State Zip Code  
 Fayetteville NY 13066-2555

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 62099516**

Amount of Each Receipt this Period  
 650.00

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

Mailing Address 14450 Aberden Ct

City State Zip Code  
 Leawood KS 66224-3922

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

Name of Employer Occupation  
 Americo Life Insurance Company Marketing VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : 62099521**

Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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