

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		278831.80
(b) Cash on Hand at Beginning of Reporting Period.....	309078.39	
(c) Total Receipts (from Line 19)	82734.64	287081.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	391813.03	565913.03
7. Total Disbursements (from Line 31).....	37000.00	211100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	354813.03	354813.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	44657.62	139813.80
(ii) Unitemized	3077.02	21267.43
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47734.64	161081.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	35000.00	119500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	82734.64	280581.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6500.00
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))..... ▶	82734.64	287081.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	82734.64	287081.23

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.....	37000.00	207000.00
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	4100.00
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)) ..	37000.00	211100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37000.00	211100.00

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)	82734.64	280581.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82734.64	280581.23
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 34
	<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) A. Dawn Reyes		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 Transaction ID : 52198444
Mailing Address 777 108th Ave NE Suite 1200		Amount of Each Receipt this Period 500.00
City Bellevue	State WA	Zip Code 98004-5135
FEC ID number of contributing federal political committee.	C	
Name of Employer Symetra Financial Corporation	Occupation VP, Information Technology	
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. Mr. Thomas E. Henning CLU		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 Transaction ID : 52198451
Mailing Address 200 Centennial Mall North		Amount of Each Receipt this Period 5000.00
City Lincoln	State NE	Zip Code 68508-1618
FEC ID number of contributing federal political committee.	C	
Name of Employer Assurity Security Group, Inc.	Occupation President & CEO	
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) C. Kathleen A Farrell		Date of Receipt MM / DD / YYYY 06 / 05 / 2013 Transaction ID : 52198515
Mailing Address 4635 Sguar Creek Ct		Amount of Each Receipt this Period 300.00
City Lincoln	State NE	Zip Code 68516-3037
FEC ID number of contributing federal political committee.	C	
Name of Employer Assurity	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	5800.00
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 7 OF 34
	<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. Steve Radke
Full Name (Last, First, Middle Initial)

Mailing Address 9600 N Crestwood Ct

City Mequon State WI Zip Code 53092-5355

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

Name of Employer Northwestern Mutual Occupation VP Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : 52198667

Amount of Each Receipt this Period
 250.00

B. James T Morris
Full Name (Last, First, Middle Initial)

Mailing Address 32141 Cook Lane

City San Juan Capistrano State CA Zip Code 92675-3934

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

Name of Employer Pacific Life Insurance Company Occupation Chairman & CEO

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 / 06 / 2013
Transaction ID : 52198668

Amount of Each Receipt this Period
 5000.00

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2013
Transaction ID : 52198828

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 34
	<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) A. Mr. Frank Hilsabeck		Date of Receipt MM / DD / YYYY 06 / 18 / 2013 Transaction ID : 52198831
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. C		
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. Mr. Eugene Choate		Date of Receipt MM / DD / YYYY 06 / 19 / 2013 Transaction ID : 52198839
Mailing Address 4370 Peachtree Road, NE		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30319-3054
FEC ID number of contributing federal political committee. C		
Name of Employer Bankers Fidelity Life Insurance Compan	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Gary T. Huffman		Date of Receipt MM / DD / YYYY 06 / 19 / 2013 Transaction ID : 52198840
Mailing Address 187 Congress Run Road		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	Zip Code 45215-5001
FEC ID number of contributing federal political committee. C		
Name of Employer Ohio National Life Insurance Company P	Occupation President & Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6300.00
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 9 OF 34
	<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	<input type="checkbox"/> 17

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

A. Jonathan Renfrew
Full Name (Last, First, Middle Initial)

Mailing Address 5608 Northfield Rd

City Bethesda State MD Zip Code 20817-6736

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

Name of Employer Guardian Occupation Vice President, Federal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2013
Transaction ID : 52198860

Amount of Each Receipt this Period
 500.00

B. Mr. John D. Johns
Full Name (Last, First, Middle Initial)

Mailing Address 2749 Southwood Road

City Birmingham State AL Zip Code 35223-1228

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

Name of Employer Protective Life Corporation Occupation Chairman, President & CEO

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 / 19 / 2013
Transaction ID : 52198861

Amount of Each Receipt this Period
 5000.00

C. Gary Bhojwani
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1344

City Minneapolis State MN Zip Code 55440-1344

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

Name of Employer Allianz Occupation Chairman

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 / 19 / 2013
Transaction ID : 52198862

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
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 10 OF 34
	<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)
A. Mr. Peter R. Schaefer

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 ▼
5000.00

Date of Receipt
06 / 19 / 2013
Transaction ID : 52198863

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. William J Wheeler

Mailing Address 1095 Avenue of the Americas

City New York State NY Zip Code 10036-6797

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

Name of Employer MetLife Occupation President, The Americas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 26 / 2013
Transaction ID : 52198868

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Ms. Caren L. Hamilton

Mailing Address 3134 Brentwood Blvd

City Grand Island State NE Zip Code 68801-7251

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

Name of Employer Beardmore Chevrolet Occupation Auto Dealership Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 12 / 2013
Transaction ID : 52199220

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10300.00

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 34
	<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. Marc LeBaron
Full Name (Last, First, Middle Initial)

Mailing Address 6130 The Knolls

City Lincoln State NE Zip Code 68512-1942

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

Name of Employer Lincoln Industries Occupation Chairman & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 52199221

Amount of Each Receipt this Period
 300.00

B. Ms. Angie Muhleisen
Full Name (Last, First, Middle Initial)

Mailing Address 6321 Doecreek Cr.

City Lincoln State NE Zip Code 68516-3796

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

Name of Employer Union Bank & Trust Company Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : 52199222

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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : PR1156427127849

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Mandana Parsazad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Horse Shoe Drive
 City Vienna State VA Zip Code 22182-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1481799827849
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

B. Mr. Scott E. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cardinal Way
 City South Windsor State CT Zip Code 06074-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vantis Life Insurance Company Occupation Senior Vice President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1503555327849
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. Peter L Tedone
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Lincoln
 City Weatogue State CT Zip Code 06089-9780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR1503560127849
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 13 OF 34
<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) A. Mr. Walter C. Welsh		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1550105927849
Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Amount of Each Receipt this Period 387.18
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$193.59 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Vice President	Aggregate Year-to-Date 2323.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Gail S. Hoeflich		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1565786727849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Legislative Director	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Shannon N. Salinas		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1647849727849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Counsel, Taxes & Retirement Security	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	467.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
<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) A. Ms. Kathleen F. Kiernan-Pagani		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1728112727849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 234.38
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$117.19 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations	Aggregate Year-to-Date 1259.93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Carolyn C. Cobb		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1821819627849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 222.18
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$111.09 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 1222.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Honora Dirk A. Kempthorne		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR1871324527849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation President and CEO	Aggregate Year-to-Date 2499.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	873.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
<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. Brian Waidmann
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 Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1872428327849

Amount of Each Receipt this Period
400.00

P/R Deduction (\$200.00 Semi-Monthly)

B. Mr. Peter J. Bautz
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, Taxes and Retirement S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1903849827849

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. William R Hobbs
Full Name (Last, First, Middle Initial)

Mailing Address 13005 Windsor Circle

City Leawood State KS Zip Code 66209-1793

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

Name of Employer Fidelity Security Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1964225727849

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 16 OF 34
	<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. Anita Peduzzi
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue
Suite 700 W

City Washington State DC Zip Code 20001-2146

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

Name of Employer American Council of Life Insurers Occupation PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
06 / 30 / 2013
Transaction ID : PR1978714927849

Amount of Each Receipt this Period
83.34

P/R Deduction (\$41.67 Semi-Monthly)

B. 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 / 2013
Transaction ID : PR1978715627849

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Jessica M. M Hanson
Full Name (Last, First, Middle Initial)

Mailing Address 1707 Prince St.
#2

City Alexandria State VA Zip Code 22314-2804

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

Name of Employer American Council of Life Insurers Occupation Vice President, Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR2023274627849

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 173.34

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 17 OF 34
<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. 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 ▼ 1983.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR771358227849

Amount of Each Receipt this Period 330.50

P/R Deduction (\$165.25 Semi-Monthly)

B. Ms. 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 ▼ 677.76

Date of Receipt 06 / 30 / 2013
Transaction ID : PR771362427849

Amount of Each Receipt this Period 112.96

P/R Deduction (\$56.48 Semi-Monthly)

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

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2013
Transaction ID : PR771365427849

Amount of Each Receipt this Period 60.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 503.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
<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) A. Mr. J. Bruce Ferguson		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771373227849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 300.32
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.16 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1801.92		

Full Name (Last, First, Middle Initial) B. Ms. Shawn Hausman		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771373527849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 61.92
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.96 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 371.52		

Full Name (Last, First, Middle Initial) C. Mr. David M. Leifer		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771374027849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 167.16
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.58 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1002.96		

SUBTOTAL of Receipts This Page (optional).....▶	529.40
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 19 OF 34
	<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. 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 ▼
339.97

Date of Receipt
06 / 30 / 2013

Transaction ID : PR771376827849

Amount of Each Receipt this Period
56.66

P/R Deduction (\$28.33 Semi-Monthly)

B. Mr. 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 / 2013

Transaction ID : PR771377127849

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Semi-Monthly)

C. Ms. Kimberly O. Dorgan
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Publi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.96

Date of Receipt
06 / 30 / 2013

Transaction ID : PR771395127849

Amount of Each Receipt this Period
416.66

P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	673.32
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 34
<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) A. Mr. Morris R. Goff		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771419327849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 197.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$98.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1183.56		

Full Name (Last, First, Middle Initial) B. Ms. Brenda S. Nation		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771419927849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Ms. Debra K. West		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771421027849
Mailing Address 101 Constitution Avenue, NW Suite 700 West		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	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	447.26
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 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael 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 / 2013
Transaction ID : PR771421127849

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

B. Ms. 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 / 2013
Transaction ID : PR771423227849

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

C. Mr. 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 ▼ 1584.48

Date of Receipt 06 / 30 / 2013
Transaction ID : PR771428927849

Amount of Each Receipt this Period 264.08

P/R Deduction (\$132.04 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 384.08

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 22 OF 34
<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. Alane R. Dent
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1149.97

Date of Receipt
06 / 30 / 2013
Transaction ID : PR771444327849

Amount of Each Receipt this Period
191.66

P/R Deduction (\$95.83 Semi-Monthly)

B. Mr. T. Scott Dixon
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2013
Transaction ID : PR771444927849

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C. Mr. Andrew M. Melnyk
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Managing Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.12

Date of Receipt
06 / 30 / 2013
Transaction ID : PR771445827849

Amount of Each Receipt this Period
40.02

P/R Deduction (\$20.01 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	271.68
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 23 OF 34
<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) A. Ms. Julie A. Spiezio		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771449627849
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	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. Mr. John K. Bruins		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR771450127849
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 33.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$16.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Actuary	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 200.03		

Full Name (Last, First, Middle Initial) C. Mr. Maurice A. Perkins		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 Transaction ID : PR805149127849
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 241.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$120.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1448.03		

SUBTOTAL of Receipts This Page (optional).....▶	324.68
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 34
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Mr. Wayne A. Mehlman
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 Counsel, Insurance Regulation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2013

Transaction ID : PR904819527849

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Semi-Monthly)

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	44657.62

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

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

FOR LINE NUMBER: PAGE 25 OF 34
(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. 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 / 06 / 2013
Transaction ID : 52198387
 Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
B. TIAA-CREF Political Action Committee
 Mailing Address 601 Thirteenth Street NW Suite 700
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00431361
 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 / 06 / 2013
Transaction ID : 52198670
 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 / 19 / 2013
Transaction ID : 52198832
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00
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 26 OF 34
<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. Mutual of Omaha Companies PAC (IMPAC)		Date of Receipt
Mailing Address Mutual of Omaha Plaza		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Omaha State NE Zip Code 68175		Transaction ID : 52198869
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00094581"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. MetLife, Inc. Employee's Participation Fund A		Date of Receipt
Mailing Address One MetLife Plaza 1095 Avenue of the Americas		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City New York State NY Zip Code 10036		Transaction ID : 52198870
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00040923"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. Lincoln National Corporation PAC		Date of Receipt
Mailing Address 1300 South Clinton Street		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Fort Wayne State IN Zip Code 46801		Transaction ID : 52199305
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00110577"/>		Amount of Each Receipt this Period
Name of Employer Occupation		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Massachusetts Mutual Life Ins. Co PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1295 State Street
 City Springfield State MA Zip Code 01111
 FEC ID number of contributing federal political committee. **C** C00118943
 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 / 12 / 2013
Transaction ID : 52199306
 Amount of Each Receipt this Period
 5000.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	35000.00

**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. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeb Hensarling

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2013

Transaction ID : 51728505

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address P O Box 479

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Larson

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2013

Transaction ID : 51739864

Amount of Each Disbursement this Period

2000.00

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: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2013

Transaction ID : 51740101

Amount of Each Disbursement this Period

2000.00

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

7000.00

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. Jim Himes For Congress

Mailing Address 857 Post Road
#312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011

Candidate Name

Mr. Jim Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
2014 Convention

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51740535

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

011

Candidate Name

Carolyn McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51741482

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Candidate Name

Rep. James Clyburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51741967

Amount of Each Disbursement this Period

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	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. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Candidate Name

Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 51742560

Amount of Each Disbursement this Period

1000.00

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

Candidate Name

Rep. Adrian Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 51743158

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Candidate Name

Rep. Jim Renacci

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2013

Transaction ID : 51744212

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. 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: 2014
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51744905

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. John Cornyn for Senate, Inc.

Mailing Address P.O. Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

John Cornyn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51745531

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Shelby for US Senate

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35401

Purpose of Disbursement

011

Candidate Name

Richard Shelby

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752705

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	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. Rob Portman for US Senate

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

011

Candidate Name

Mr. Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752711

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

011

Candidate Name

Michael Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752715

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

011

Candidate Name

Michael Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752716

Amount of Each Disbursement this Period

2	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	0	0	0	0	0	0	0	0	0

2	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address P O Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752718

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Andrews for Congress Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement

011

Category/
Type

Candidate Name

Robert Andrews

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	3

Transaction ID : 51752720

Amount of Each Disbursement this Period

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

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	7	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---