

**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.....	208861.21	
(c) Total Receipts (from Line 19)	43587.88	305463.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	252449.09	452449.09
7. Total Disbursements (from Line 31).....	36000.00	236000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	216449.09	216449.09
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).....	15590.56	121803.46
(ii) Unitemized	1497.32	18867.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17087.88	140670.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	26500.00	159792.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	43587.88	300463.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	43587.88	305463.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43587.88	305463.08

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.....	36000.00	231500.00
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)) ..	36000.00	236000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	236000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	43587.88	300463.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43587.88	300463.08
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 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Robert G Leary		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : 47108191
Mailing Address 230 Park Avenue 13th Floor		Amount of Each Receipt this Period 2500.00
City New York	State NY	Zip Code 10169-0005
FEC ID number of contributing federal political committee. C		
Name of Employer ING Financial	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. J Eric Smith		Date of Receipt MM / DD / YYYY 07 / 03 / 2012 Transaction ID : 47108192
Mailing Address 176 King Street		Amount of Each Receipt this Period 500.00
City Armonk	State NY	Zip Code 10504-1607
FEC ID number of contributing federal political committee. C		
Name of Employer Swiss Re Americas	Occupation President & CEO	
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) C. Janis D. Potter		Date of Receipt MM / DD / YYYY 07 / 02 / 2012 Transaction ID : 47108193
Mailing Address 913 W 61st St		Amount of Each Receipt this Period 250.00
City Lisle	State IL	Zip Code 60532-3128
FEC ID number of contributing federal political committee. C		
Name of Employer MTL Insurance Company	Occupation Vice President, Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 31
	<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. James M Cracchiolo

Mailing Address 50642 Ameriprise Financial Center

City Minneapolis	State MN	Zip Code 55474-0506
---------------------	-------------	------------------------

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

Name of Employer Ameriprise Financial Inc	Occupation Chariman & CEO
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

Transaction ID : 47108270

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ms. JoAnn M. Martin

Mailing Address 5900 O Street

City Lincoln	State NE	Zip Code 68510-2234
-----------------	-------------	------------------------

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

Name of Employer Ameritas Life Insurance Corp.	Occupation Chair, President & CEO
---	--------------------------------------

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
07	/	16	/	2012

Transaction ID : 47108301

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
c. Mr. Clifford A. Lange

Mailing Address 110 Elm Street

City Medfield	State MA	Zip Code 02052-2823
------------------	-------------	------------------------

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

Name of Employer Boston Mutual Life Insurance Company	Occupation Vice President, CFO, & Chief Actuary
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2012

Transaction ID : 47108302

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....	4250.00
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 31
<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. Frederick C. Thurston		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2012 Transaction ID : 47108303
Mailing Address 120 Royall Street		Amount of Each Receipt this Period 250.00
City Canton	State MA	Zip Code 02021-1028
FEC ID number of contributing federal political committee. C		
Name of Employer Boston Mutual Life Insurance Company	Occupation Second Vice President & CCO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Daniel C Bryant		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2012 Transaction ID : 47108309
Mailing Address 1160 High Hawk Road		Amount of Each Receipt this Period 1000.00
City East Greenwich	State RI	Zip Code 02818-1347
FEC ID number of contributing federal political committee. C		
Name of Employer ACLI	Occupation Lawyer - Regional V P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms. Linda M. Izzo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2012 Transaction ID : 47108312
Mailing Address 40 Gloria Drive		Amount of Each Receipt this Period 500.00
City Bridgewater	State MA	Zip Code 02324-2100
FEC ID number of contributing federal political committee. C		
Name of Employer Boston Mutual Life Insurance Company	Occupation Vice President, Client Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
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 31
<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. Mary T. Tillson
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Briarcliff Road
 City State Zip Code
 Brockton MA 02301-3009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boston Mutual Life Insurance Company Second Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 47108328
 Amount of Each Receipt this Period
 750.00

B. Mr. Peter S. Tillson
 Full Name (Last, First, Middle Initial)
 Mailing Address 79 Briarcliff Road
 City State Zip Code
 Brockton MA 02301-3009
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : 47108329
 Amount of Each Receipt this Period
 750.00

c. Mr. Donald L. Donald L. Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700
 City State Zip Code
 Washington DC 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Council of Life Insurers SVP, Administration & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : PR1156427124917
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 31
	<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. Yang Ye
Full Name (Last, First, Middle Initial)

Mailing Address 527 Bookbinder Way

City Lansdale State PA Zip Code 19446-4056

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

Name of Employer London Life Reinsurance Company Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1415829624917

Amount of Each Receipt this Period 25.00

P/R Deduction (\$25.00 Monthly)

B. Mr. Craig D Simms
Full Name (Last, First, Middle Initial)

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

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

Name of Employer Vantis Life Insurance Company Occupation Senior Vice President, Sales & Marketi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1503559924917

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 ▼ 213.60

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1503560124917

Amount of Each Receipt this Period 28.48

P/R Deduction (\$14.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 93.48

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 31
	<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. Walter C. Walter C. Welsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 101 Constitution Ave, NW
 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 Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2657.06

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1550105924917
 Amount of Each Receipt this Period 379.58
 P/R Deduction (\$189.79 Semi-Monthly)

B. 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 ▼ 280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1554864824917
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

C. 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 ▼ 280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1565786724917
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	459.58
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 31
	<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. Ms. Shannon N. Shannon N. Salinas

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 ▼
280.00

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1647849724917

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
B. Ms. Kathleen F. Kathleen F. Kiernan-Pagani

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 ▼
1159.35

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1728112724917

Amount of Each Receipt this Period
165.62

P/R Deduction (\$82.81 Semi-Monthly)

Full Name (Last, First, Middle Initial)
C. Ms. Carolyn C. Carolyn C. Cobb

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 ▼
1348.91

Date of Receipt
07 / 31 / 2012
Transaction ID : PR1821819624917

Amount of Each Receipt this Period
192.70

P/R Deduction (\$96.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	398.32
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 13 OF 31
	<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. 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 ▼ 2916.62

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1871324524917
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$208.33 Semi-Monthly)

B. Mr. Peter J. 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 ▼ 280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1903849824917
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR1964225724917
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 506.66
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 31
<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. Anita Anita Peduzzi		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR1978714924917
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. C	P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation PAC Director	Aggregate Year-to-Date 583.38	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joshua T. Joshua T. Mauthe		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR1978715624917
Mailing Address 2210 12th St NW		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20009-4404	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 Meeting Planner-Special Projects Coord	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Gary E. Gary E. Hughes		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR771358224917
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 320.84
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$160.42 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou	Aggregate Year-to-Date 2245.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	444.18
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 15 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Ms. Linda H. Linda H. Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **768.87**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771362424917
 Amount of Each Receipt this Period **109.84**
 P/R Deduction (\$54.92 Semi-Monthly)

B. Mr. John F. John F. Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771365424917
 Amount of Each Receipt this Period **60.00**
 P/R Deduction (\$30.00 Semi-Monthly)

C. Mr. J. Bruce J. Bruce Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2060.66**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771373224917
 Amount of Each Receipt this Period **294.38**
 P/R Deduction (\$147.19 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	464.22
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 16 OF 31
<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 ▼ **416.78**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771373524917
 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 ▼ **1128.12**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771374024917
 Amount of Each Receipt this Period **161.16**
 P/R Deduction (\$80.58 Semi-Monthly)

C. Mr. James D. James D. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2012**
Transaction ID : PR771374324917
 Amount of Each Receipt this Period **30.00**
 P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	250.70
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 31
	<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. 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 ▼ 385.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771376824917
 Amount of Each Receipt this Period 55.00
 P/R Deduction (\$27.50 Semi-Monthly)

B. 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 ▼ 1400.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771377124917
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Semi-Monthly)

c. 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 ▼ 2916.62

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771395124917
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$208.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	671.66
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 31
	<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. Morris R. Goff		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR771419324917
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 192.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.13 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 1345.82	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Brenda S. Brenda S. Nation		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR771419924917
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	Aggregate Year-to-Date 1050.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Debra K. Debra K. West		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : PR771421024917
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	Aggregate Year-to-Date 700.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	442.26
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 19 OF 31
	<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. Michael Michael Lovendusky		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR771421124917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Cou	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 ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Ms. Lisa J. Lisa J. Tate		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Avenue, NW Suite 700		Transaction ID : PR771423224917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 80.00
Name of Employer American Council of Life Insurers	Occupation VP, Litigation & Assoc. Gen. Counsel	P/R Deduction (\$40.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. Mr. David C. David C. Turner		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR771428924917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 257.66
Name of Employer American Council of Life Insurers	Occupation EVP, Chief of Staff & Corp. Secretary	P/R Deduction (\$128.83 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1803.63	

SUBTOTAL of Receipts This Page (optional).....▶	377.66
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 31
<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. 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 ▼ 1297.94

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771444324917
 Amount of Each Receipt this Period 185.42
 P/R Deduction (\$92.71 Semi-Monthly)

B. Mr. T. Scott T. Scott Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771444924917
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

C. Mr. Andrew M. Andrew M. Melnyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Managing Director, Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.91

Date of Receipt 07 / 31 / 2012
Transaction ID : PR771445824917
 Amount of Each Receipt this Period 38.70
 P/R Deduction (\$19.35 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	264.12
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 31
<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. Julie A. Spiezio		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID : PR771449624917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
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) ▼	P/R Deduction (\$25.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Mr. John K. John K. Bruins		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Avenue NW Suite 700		Transaction ID : PR771450124917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 32.30
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) ▼	P/R Deduction (\$16.15 Semi-Monthly)
Aggregate Year-to-Date ▼ 226.10		

Full Name (Last, First, Middle Initial) C. Mr. Maurice A. Maurice A. Perkins		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR805149124917
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 235.42
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) ▼	P/R Deduction (\$117.71 Semi-Monthly)
Aggregate Year-to-Date ▼ 1647.93		

SUBTOTAL of Receipts This Page (optional).....▶	317.72
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 22 OF 31
(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"/> 17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wayne A. Wayne A. Mehlman

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 ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2012

Transaction ID : PR904819524917

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).....▶	15590.56

**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 31
<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. CUNA Mutual PAC		Date of Receipt
Mailing Address P.O. Box 747		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Madison	WI	53701
FEC ID number of contributing federal political committee.		Transaction ID : 47105686
<input type="text" value="C"/> <input type="text" value="C00402107"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1500.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lincoln National Corporation PAC		Date of Receipt
Mailing Address 1300 South Clinton Street		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fort Wayne	IN	46801
FEC ID number of contributing federal political committee.		Transaction ID : 47106067
<input type="text" value="C"/> <input type="text" value="C00110577"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Guardian Life PAC		Date of Receipt
Mailing Address 7 Hanover Square		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10004
FEC ID number of contributing federal political committee.		Transaction ID : 47108196
<input type="text" value="C"/> <input type="text" value="C00173393"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11500.00"/>
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: (check only one)	PAGE 24 OF 31
<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

A. American National Ins. Co. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address One Moody Plaza
 City Galveston State TX Zip Code 77550
 FEC ID number of contributing federal political committee. **C** C00135525
 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
 07 / 10 / 2012
Transaction ID : 47108197
 Amount of Each Receipt this Period
 5000.00

B. Ameritas Life Insurance Corp PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 O Street
 City Lincoln State NE Zip Code 68510
 FEC ID number of contributing federal political committee. **C** C00187138
 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
 07 / 16 / 2012
Transaction ID : 47108290
 Amount of Each Receipt this Period
 5000.00

C. Thrivent Financial PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1892
 City Appleton State WI Zip Code 54912
 FEC ID number of contributing federal political committee. **C** C00121319
 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
 07 / 25 / 2012
Transaction ID : 47108313
 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).....▶	26500.00

**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. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

Transaction ID : 46193418

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dave Camp for Congress

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2012

Transaction ID : 46193419

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Vargas For Congress 2012

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

Mr. Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432907

Amount of Each Disbursement this Period

500.00

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

3000.00

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

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

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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
07		23		2012

Transaction ID : 46432917

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address 400 N. Capitol Street
Suite 585

City State Zip Code
Washington DC 20001

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432926

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 422 C St., NE
Lower Level

City State Zip Code
Washington DC 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432933

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

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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. Neugebauer Congressional Committee

Mailing Address 217 Third Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert Neugebauer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432934

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Tom Petri

Mailing Address P.O. Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Petri

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432935

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diane Black

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432936

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

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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. Bachus for Congress

Mailing Address P O Box 59444

City Birmingham State AL Zip Code 35259

Purpose of Disbursement

011

Candidate Name

Spencer Bachus

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432949

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address 221 Washington Street

City Corning State NY Zip Code 14830

Purpose of Disbursement

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432950

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

011

Candidate Name

Rep. Michael Capuano

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432951

Amount of Each Disbursement this Period

2000.00

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

8000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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. ERICPAC

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432960

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gwen Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

011

Candidate Name

Category/
Type

Rep. Gwen Moore

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432963

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kay Hagan For Us Senate

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

011

Candidate Name

Category/
Type

Kay Hagan

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2012

Transaction ID : 46432968

Amount of Each Disbursement this Period

1000.00

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

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr Md For Congress Inc

Mailing Address Post Office Box 80126

City 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 M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432971

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Shelley Moore Capito for Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shelley Capito

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46432974

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Blumenthal For Senate

Mailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Richard Blumenthal

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
2010 General Debt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2012

Transaction ID : 46433045

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

36000.00
