

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2011"/>		59453.10
(b) Cash on Hand at Beginning of Reporting Period.....	72150.07	
(c) Total Receipts (from Line 19)	20948.84	256984.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93098.91	316437.95
7. Total Disbursements (from Line 31).....	9925.00	233264.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	83173.91	83173.91
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).....	10269.89	90563.80
(ii) Unitemized	678.95	27421.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10948.84	117984.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	139000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20948.84	256984.85
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	0.00
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))..... ▶	20948.84	256984.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20948.84	256984.85

DETAILED SUMMARY PAGE

of Disbursements

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	1173.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1173.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9925.00	228590.50
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	3500.00
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)) ..	9925.00	233264.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9925.00	233264.04

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)	20948.84	256984.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20948.84	256984.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	1173.54
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	1173.54

**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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mr. John J Patterson		Date of Receipt MM / DD / YYYY 09 / 20 / 2011 Transaction ID : 42200587
Mailing Address 10075 Red Run Blvd		Amount of Each Receipt this Period 11.00
City Owings Mills	State MD	Zip Code 21117-4865
FEC ID number of contributing federal political committee. C		
Name of Employer Baltimore Life Insurance Company	Occupation Senior Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

Full Name (Last, First, Middle Initial) B. Mr. Craig D. Simms		Date of Receipt MM / DD / YYYY 09 / 20 / 2011 Transaction ID : 42200589
Mailing Address 31 Quail Hollow Drive		Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter L. Tedone		Date of Receipt MM / DD / YYYY 09 / 20 / 2011 Transaction ID : 42200590
Mailing Address 32 Lincoln		Amount of Each Receipt this Period 26.93
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 484.74	

SUBTOTAL of Receipts This Page (optional).....▶	52.93
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 27
<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. Rick D. Riley
Full Name (Last, First, Middle Initial)

Mailing Address 5602 Painted Valley Drive

City Austin	State TX	Zip Code 78759-5526
----------------	-------------	------------------------

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

Name of Employer CICA Life Insurance Company of America	Occupation Chr of the Bd, President & CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2011

Transaction ID : 42200593

Amount of Each Receipt this Period
3000.00

B. Mr. Harold E. Riley
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 149151

City Austin	State TX	Zip Code 78714-9151
----------------	-------------	------------------------

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

Name of Employer CICA Life Insurance Company of America	Occupation Chairman
--	------------------------

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
09	/	15	/	2011

Transaction ID : 42200594

Amount of Each Receipt this Period
1000.00

C. Mr. John J Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 10075 Red Run Blvd

City Owings Mills	State MD	Zip Code 21117-4865
----------------------	-------------	------------------------

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

Name of Employer Baltimore Life Insurance Company	Occupation Senior Vice President, Operations
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : 42260898

Amount of Each Receipt this Period
11.00

SUBTOTAL of Receipts This Page (optional).....	▶	4011.00
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 27
	<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. 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 ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 42396310

Amount of Each Receipt this Period
15.00

B. 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 ▼ **511.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 42396313

Amount of Each Receipt this Period
26.93

C. Mr. James P. Rousey
Full Name (Last, First, Middle Initial)

Mailing Address 1609 Windcrest Drive

City Springfield State IL Zip Code 62704-6515

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

Name of Employer Universal Guaranty Life Insurance Comp Occupation President

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
09 / 30 / 2011

Transaction ID : 42503575

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1041.93**

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 27
<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. 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 **09 / 30 / 2011**

Transaction ID : 44230889

Amount of Each Receipt this Period **15.00**

B. 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 ▼ **538.60**

Date of Receipt **09 / 30 / 2011**

Transaction ID : 44230890

Amount of Each Receipt this Period **26.93**

C. Mr. Donald L. Walker 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 ▼ **900.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : PR1156427122851

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional)..... **141.93**

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 27
	<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. Walter C. Welsh Welsh		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW		Transaction ID : PR1550105922851
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 369.48
Name of Employer American Council of Life Insurers	Occupation Executive Vice President	P/R Deduction (\$184.74 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3325.32	

Full Name (Last, First, Middle Initial) B. Mr. Robert H. Neill Jr. Neill Jr. Jr.		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1554864822851
City Washington	State DC	Zip Code 20001-2140
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 Senior Counsel	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 ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Ms. Gail S. Steinberg Steinberg		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1565786722851
City Washington	State DC	Zip Code 20001-2140
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 Legislative Director	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	449.48
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 27
	<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. Shannon N. Salinas Salinas		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1647849722851
City Washington State DC Zip Code 20001-2140	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 Counsel, Taxes & Retirement Security	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) B. Ms. Kathleen F. Kiernan-Pagani Kiernan-Pagani		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1728112722851
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 152.30
Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$80.21 Semi-Monthly)
Aggregate Year-to-Date ▼ 1370.69		

Full Name (Last, First, Middle Initial) C. Ms. Carolyn C. Cobb Cobb		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1821819622851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 187.50
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) ▼	P/R Deduction (\$93.75 Semi-Monthly)
Aggregate Year-to-Date ▼ 1687.50		

SUBTOTAL of Receipts This Page (optional).....▶	379.80
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 27
<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. The Honora Dirk A. Kempthorne Kempthorne		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1871324522851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers Occupation President and CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$208.33 Semi-Monthly)
Aggregate Year-to-Date ▼ 3749.94		

Full Name (Last, First, Middle Initial) B. Mr. Brian Waidmann Waidmann		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1872428322851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 416.66
Name of Employer American Council of Life Insurers Occupation Chief of Staff	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$208.33 Semi-Monthly)
Aggregate Year-to-Date ▼ 3124.95		

Full Name (Last, First, Middle Initial) C. Mr. Peter J. Bautz Bautz		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1903849822851
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, Taxes and Retirement S	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	873.32
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 27
	<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. Gary E. Hughes 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 ▼ 2790.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771358222851
 Amount of Each Receipt this Period 310.00
 P/R Deduction (\$155.00 Semi-Monthly)

B. Ms. Linda H. Cunningham 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 ▼ 964.45

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771362422851
 Amount of Each Receipt this Period 107.16
 P/R Deduction (\$53.58 Semi-Monthly)

C. Mr. John F. Dolan 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 ▼ 540.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771365422851
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	477.16
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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ms. Barbara A. Price Price
 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 Pres., Legislative & Regulatory I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 533.33

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771369022851
 Amount of Each Receipt this Period 59.26
 P/R Deduction (\$29.63 Semi-Monthly)

B. Mr. J. Bruce Ferguson 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 ▼ 2578.14

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771373222851
 Amount of Each Receipt this Period 286.46
 P/R Deduction (\$143.23 Semi-Monthly)

C. Ms. Shawn Hausman 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 ▼ 517.68

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771373522851
 Amount of Each Receipt this Period 57.52
 P/R Deduction (\$28.76 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 403.24
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 27
	<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. David M. Leifer 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 ▼ 1396.45

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771374022851
 Amount of Each Receipt this Period 155.16
 P/R Deduction (\$77.58 Semi-Monthly)

B. Mr. James D. Hall 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 ▼ 270.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771374322851
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Semi-Monthly)

C. Mr. C. Bryan Cox 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 ▼ 457.56

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771376822851
 Amount of Each Receipt this Period 50.84
 P/R Deduction (\$26.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 236.00
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 27
	<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"/>	<input type="checkbox"/> 17

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

A. Mr. John W. Mangan 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 ▼ 1800.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771377122851
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Semi-Monthly)

B. Ms. Kimberly O. Dorgan 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 ▼ 3749.94

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771395122851
 Amount of Each Receipt this Period 416.66
 P/R Deduction (\$208.33 Semi-Monthly)

C. Mr. Morris R. Goff Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1685.34

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771419322851
 Amount of Each Receipt this Period 187.26
 P/R Deduction (\$93.63 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	803.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
<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. Brenda S. Nation Nation		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID : PR771419922851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
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) ▼	P/R Deduction (\$75.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 1350.00		

Full Name (Last, First, Middle Initial) B. Ms. Nancy L. Smith Smith		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID : PR771420022851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00
Name of Employer American Council of Life Insurers Occupation Executive Assistant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$15.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Ms. Debra K. West West		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID : PR771421022851
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Semi-Monthly)
Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 18 OF 27
	<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 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 ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771421122851
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

B. Ms. Lisa J. Tate 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 ▼ 720.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771423222851
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Semi-Monthly)

C. Mr. John P. Gerni Gerni
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1173.77

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771428722851
 Amount of Each Receipt this Period 130.42
 P/R Deduction (\$68.33 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.42
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 27
	<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. David C. Turner 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 ▼ 2256.83

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771428922851
 Amount of Each Receipt this Period 250.76
 P/R Deduction (\$125.38 Semi-Monthly)

B. Ms. Alane R. Dent 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 ▼ 1386.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771444322851
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$90.00 Semi-Monthly)

C. Mr. T. Scott Dixon 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 ▼ 360.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771444922851
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 470.76
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 27
	<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. Andrew M. Melnyk 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 ▼ 330.30

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771445822851
 Amount of Each Receipt this Period 37.50
 P/R Deduction (\$18.75 Semi-Monthly)

B. Ms. Julie A. Spiezio Spiezio
 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 Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771449622851
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. Mr. John K. Bruins Bruins
 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 Senior Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.05

Date of Receipt 09 / 30 / 2011
Transaction ID : PR771450122851
 Amount of Each Receipt this Period 31.34
 P/R Deduction (\$15.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 118.84
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 27
	<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. Maurice A. Perkins Perkins
 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 ▼ 1880.04

Date of Receipt 09 / 30 / 2011
Transaction ID : PR805149122851
 Amount of Each Receipt this Period 229.16
 P/R Deduction (\$114.58 Semi-Monthly)

B. Mr. Wayne A. Mehlman 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 ▼ 450.00

Date of Receipt 09 / 30 / 2011
Transaction ID : PR904819522851
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	279.16
TOTAL This Period (last page this line number only).....▶	10269.89

**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 27
<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		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 20 / 2011 Transaction ID : 42200591
Mailing Address Mutual of Omaha Plaza		Amount of Each Receipt this Period 5000.00
City Omaha	State NE	Zip Code 68175
FEC ID number of contributing federal political committee.	C C00094581	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. American National Ins. Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011 Transaction ID : 42260901
Mailing Address One Moody Plaza		Amount of Each Receipt this Period 5000.00
City Galveston	State TX	Zip Code 77550
FEC ID number of contributing federal political committee.	C C00135525	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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
Contribution to federal candidate

011

Candidate Name

Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41990909

Amount of Each Disbursement this Period

1000.00

Contribution to federal candidate

Full Name (Last, First, Middle Initial)

B. Committee To Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle
Suite 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution to federal candidate

011

Candidate Name

Rep. Gary Ackerman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41991512

Amount of Each Disbursement this Period

1000.00

Contribution to federal candidate

Full Name (Last, First, Middle Initial)

C. Paul Ryan for Congress

Mailing Address P.O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Contribution to federal candidate

011

Candidate Name

Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41992362

Amount of Each Disbursement this Period

1000.00

Contribution to federal candidate

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. Synergy PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution to federal PAC

011

Candidate Name
Synergy PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41992701

Amount of Each Disbursement this Period

1000.00

Contribution to federal PAC

Full Name (Last, First, Middle Initial)

B. Van Hollen For Congress

Mailing Address 10605 Concord Street
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution to federal candidate

011

Candidate Name
Rep. Chris Van Hollen

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41992770

Amount of Each Disbursement this Period

1000.00

Contribution to federal candidate

Full Name (Last, First, Middle Initial)

C. American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for staff time & use of resources for meet & geet on 9/13/11

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
09 / 09 / 2011

Transaction ID : 41994313

Amount of Each Disbursement this Period

137.50

In-kind for staff time & use of resources for meet & geet on 9/13/11

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

2137.50

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

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. ACLI Services, Inc.

Mailing Address 101 Constitution Ave, NW
8th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for Room Rental on 9/13/11

Candidate Name
Rep. Tom Reed

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 29

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41994467

Amount of Each Disbursement this Period

75.00

In-kind for Room Rental on 9/13/11

Full Name (Last, First, Middle Initial)

B. American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for staff time & use of resources for meet & greet on 9/13/11

Candidate Name
Rep. Kenneth Marchant

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41994469

Amount of Each Disbursement this Period

137.50

In-kind for staff time & use of resources for meet & greet on 9/13/11

Full Name (Last, First, Middle Initial)

C. ACLI Services, Inc.

Mailing Address 101 Constitution Ave, NW
8th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
In-kind for Room Rental on 9/13/11

Candidate Name
Rep. Kenneth Marchant

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2011

Transaction ID : 41994471

Amount of Each Disbursement this Period

75.00

In-kind for Room Rental on 9/13/11

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

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

287.50

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement
Contribution to federal candidate

Candidate Name
Sen. Marco Rubio

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	1		

Transaction ID : 42199724

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Contribution to federal candidate

Full Name (Last, First, Middle Initial)

B. Citizens For Altmire

Mailing Address 499 South Capitol Street, SW Suite 404

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to federal candidate

Candidate Name
Rep. Jason Altmire

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	1		

Transaction ID : 42199871

Amount of Each Disbursement this Period

1	0	0	.	0	0
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Contribution to federal candidate

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 NE Holladay, # 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution to federal candidate

Candidate Name
Rep. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7		2	0	1	1		

Transaction ID : 42199895

Amount of Each Disbursement this Period

1	0	0	.	0	0
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Contribution to federal candidate

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

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

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