

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="278831.80"/>	<input type="text" value="278831.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="379433.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="60484.22"/>	<input type="text" value="450286.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="439917.92"/>	<input type="text" value="729117.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="289200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="439917.92"/>	<input type="text" value="439917.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	19461.74	225288.50
(ii) Unitemized	1322.48	33797.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20784.22	259086.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	39700.00	184700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	60484.22	443786.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	60484.22	450286.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	60484.22	450286.12

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	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.....	0.00	283100.00
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	6100.00
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)) ..	0.00	289200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	289200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	60484.22	443786.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60484.22	443786.12
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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Michael Farley		Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013 Transaction ID : 53957485
Mailing Address 56 Perimeter Center East NE Suite 500		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	
Zip Code 30346-2203		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Munich American Reassurance Company	Occupation SVP & CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mr. John F. Barrett		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 Transaction ID : 53974068
Mailing Address 9300 Shawnee Run Road		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	
Zip Code 45243-2826		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Western-Southern Financial Group	Occupation Chairman of the Board, President & CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mr. Dennis R. Glass		Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 Transaction ID : 53974110
Mailing Address 1000 Green Valley Road		Amount of Each Receipt this Period 5000.00
City Bryn Mawr	State PA	
Zip Code 19010-1912		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Lincoln Financial Group	Occupation President & Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 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. Steven C Power
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 W Nationwide Blvd
 5-01-102
 City Columbus State OH Zip Code 43215-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nationwide Life Insurance Company Occupation Sr Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : 53974180
 Amount of Each Receipt this Period
 425.00

B. Sharon Cheever
 Full Name (Last, First, Middle Initial)
 Mailing Address 33512 Valle Rd
 City San Juan Capistrano State CA Zip Code 92675-4838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Life Insurance Company Occupation Senior Vice President, General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2013
Transaction ID : 53974181
 Amount of Each Receipt this Period
 400.00

C. Chris Graff
 Full Name (Last, First, Middle Initial)
 Mailing Address One National Life Dr
 City Montpelier State VT Zip Code 05604-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Natinal Life Group Occupation VP - Coporate Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 53974298
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
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

Full Name (Last, First, Middle Initial)
A. Dayton Molendorp

Mailing Address 6507 Castle Knoll CT.

City Indianapolis State IN Zip Code 46250-1439

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

Name of Employer OneAmerica Occupation President & Chief Executive Officer

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
 10 / 31 / 2013
Transaction ID : 53974299

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Mr. David K. Ficca

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 President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : 53974312

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Mr. Donald L. Walker

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR1156427129172

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 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. John 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 ▼ 242.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1231727529172

Amount of Each Receipt this Period 22.00

P/R Deduction (\$11.00 Bi-Weekly)

B. Ms. Mandana Parsazad
Full Name (Last, First, Middle Initial)

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1481799829172

Amount of Each Receipt this Period 40.00

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

C. Mr. Scott E. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 19 Cardinal Way

City South Windsor State CT Zip Code 06074-3745

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

Name of Employer Vantis Life Insurance Company Occupation Senior Vice President & COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1503555329172

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 102.00

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 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 ▼ 220.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1503559929172
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Bi-Weekly)

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 ▼ 440.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1503560129172
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Mr. 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 ▼ 3871.81

Date of Receipt 10 / 31 / 2013
Transaction ID : PR1550105929172
 Amount of Each Receipt this Period 387.18
 P/R Deduction (\$193.59 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	447.18
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 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. Gail S. Hoeflich		Date of Receipt 10 / 31 / 2013 Transaction ID : PR1565786729172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington	State DC Zip Code 20001-2140	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Legislative Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Ms. Shannon N. Salinas		Date of Receipt 10 / 31 / 2013 Transaction ID : PR1647849729172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington	State DC Zip Code 20001-2140	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Counsel, Taxes & Retirement Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Ms. Kathleen F. Kiernan-Pagani		Date of Receipt 10 / 31 / 2013 Transaction ID : PR1728112729172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 234.38
City Washington	State DC Zip Code 20001-2140	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$117.19 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Sr. Counsel, State Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2197.45	

SUBTOTAL of Receipts This Page (optional).....▶	314.38
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"/> 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. Edmund V Mahoney
Full Name (Last, First, Middle Initial)

Mailing Address 20 Northgate

City Simsbury State CT Zip Code 06070-1021

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

Name of Employer Vantis Life Insurance Company Occupation Vice President, Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR1729084729172

Amount of Each Receipt this Period **19.24**

P/R Deduction (\$9.62 Bi-Weekly)

B. Ms. Carolyn C. Cobb
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 ▼ **2111.68**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR1821819629172

Amount of Each Receipt this Period **222.18**

P/R Deduction (\$111.09 Semi-Monthly)

C. The Honora 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 ▼ **4166.60**

Date of Receipt **10 / 31 / 2013**

Transaction ID : PR1871324529172

Amount of Each Receipt this Period **416.66**

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

SUBTOTAL of Receipts This Page (optional)..... **658.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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

Full Name (Last, First, Middle Initial) A. Mr. Brian Waidmann		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1872428329172
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer American Council of Life Insurers	Occupation Chief of Staff	P/R Deduction (\$200.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Mr. Peter J. Bautz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR1903849829172
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	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Jim Pyc		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013
Mailing Address 9124 MidPines Court		Transaction ID : PR1948888429172
City Orlando	State FL	Zip Code 32819-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer Hannover Life Reassurance Company of A	Occupation EVP, financial Solutions	P/R Deduction (\$12.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	

SUBTOTAL of Receipts This Page (optional).....▶	452.00
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 14 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. 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 ▼ 475.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR1964225729172
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

B. Anita Peduzzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue Suite 700 W
 City Washington State DC Zip Code 20001-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation PAC Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR1978714929172
 Amount of Each Receipt this Period 83.34
 P/R Deduction (\$41.67 Semi-Monthly)

C. Joshua T. Mauthe
 Full Name (Last, First, Middle Initial)
 Mailing Address 2210 12th St NW
 City Washington State DC Zip Code 20009-4404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Meeting Planner-Special Projects Coord
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : PR1978715629172
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	173.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. Richard Jones Jr
Full Name (Last, First, Middle Initial)

Mailing Address 4545 Wornall Rd
#1010-1011

City Kansas City State MO Zip Code 64111-3270

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

Name of Employer Fidelity Security Life Insurance Co. Occupation Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR2008166729172

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Semi-Monthly)

B. Seaver J. J Sowers
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue 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 Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR2018796029172

Amount of Each Receipt this Period
30.00

P/R Deduction (\$15.00 Semi-Monthly)

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

Mailing Address 1707 Prince St.
#2

City Alexandria State VA Zip Code 22314-2804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR2023274629172

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 110.00

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"/> 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. Gary E. Hughes		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771358229172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 330.50
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$165.25 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3305.00	

Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771362429172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 112.96
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$56.48 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1129.60	

Full Name (Last, First, Middle Initial) C. Mr. John F. Dolan		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771365429172
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	503.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 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. Mr. J. Bruce Ferguson		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771373229172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 300.32
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.16 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Vice President, State Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3003.20	

Full Name (Last, First, Middle Initial) B. Ms. Shawn Hausman		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771373529172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 61.92
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.96 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Sr. Vice President, Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 619.20	

Full Name (Last, First, Middle Initial) C. Mr. David M. Leifer		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771374029172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 167.16
City Washington	State DC Zip Code 20001-2133	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$83.58 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1671.60	

SUBTOTAL of Receipts This Page (optional).....▶	529.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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. 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 ▼
300.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771374329172

Amount of Each Receipt this Period
300.00

P/R Deduction (\$15.00 Semi-Monthly)

B. Mr. C. Bryan Cox
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
566.61

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771376829172

Amount of Each Receipt this Period
56.66

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

C. Mr. John W. Mangan CEBS
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771377129172

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 286.66

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 19 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. Kimberly O. Dorgan		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771395129172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Executive Vice President, Publi	Aggregate Year-to-Date 4166.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Maria L. Palacios		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771408829172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 20.36
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.18 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Managing Director, Human Resources	Aggregate Year-to-Date 203.59	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Morris R. Goff		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771419329172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 197.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$98.63 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 1972.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	634.28
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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771419929172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Ms. Debra K. West		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771421029172
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. Michael Lovendusky		Date of Receipt 10 / 31 / 2013 Transaction ID : PR771421129172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	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 Vice President & Associate General Cou	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....	290.00
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 21 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. Jeffrey J. Janoska
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 Policy Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771423129172

Amount of Each Receipt this Period
24.10

P/R Deduction (\$12.05 Semi-Monthly)

B. Ms. Lisa J. Tate
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771423229172

Amount of Each Receipt this Period
80.00

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

C. Mr. David C. Turner
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2640.80

Date of Receipt
10 / 31 / 2013
Transaction ID : PR771428929172

Amount of Each Receipt this Period
264.08

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 368.18

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 22 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. Mr. Kynondo Lewis		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 Transaction ID : PR771439629172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 21.42
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.71 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Legal Editor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 214.62		

Full Name (Last, First, Middle Initial) B. Ms. Alane R. Dent		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 Transaction ID : PR771444329172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 191.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$95.83 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1916.61		

Full Name (Last, First, Middle Initial) C. Mr. T. Scott Dixon		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 Transaction ID : PR771444929172
Mailing Address 101 Constitution Avenue NW Suite 700 West		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2133	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 Finance Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....▶	253.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 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
 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 ▼ 400.20

Date of Receipt 10 / 31 / 2013
Transaction ID : PR771445829172
 Amount of Each Receipt this Period 40.02
 P/R Deduction (\$20.01 Semi-Monthly)

B. Ms. Julie A. 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 ▼ 500.00

Date of Receipt 10 / 31 / 2013
Transaction ID : PR771449629172
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. Mr. John K. 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 ▼ 333.39

Date of Receipt 10 / 31 / 2013
Transaction ID : PR771450129172
 Amount of Each Receipt this Period 33.34
 P/R Deduction (\$16.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 123.36
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 24 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Maurice A. Perkins		Date of Receipt 10 / 31 / 2013 Transaction ID : PR805149129172
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 241.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$120.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 2413.39	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Wayne A. Mehlman		Date of Receipt 10 / 31 / 2013 Transaction ID : PR904819529172
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
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	Aggregate Year-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	291.34
TOTAL This Period (last page this line number only).....▶	19461.74

**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 25 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. Trustmark Ins. Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2013 Transaction ID : 53957482
Mailing Address Trustmark Insurance Company 400 Field Drive		Amount of Each Receipt this Period 5000.00
City Lake Forest	State IL	
Zip Code 60045		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C C00156166		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Munich American Reassurance Co PAC, Inc.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 Transaction ID : 53957549
Mailing Address 56 Perimeter Ctr Suite 500		Amount of Each Receipt this Period 3200.00
City Atlanta	State GA	
Zip Code 30346		Aggregate Year-to-Date ▼ 3200.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Western-Southern PAC		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 Transaction ID : 53974056
Mailing Address 400 Broadway		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	
Zip Code 45202		Aggregate Year-to-Date ▼ 5000.00
FEC ID number of contributing federal political committee. C C00258228		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	13200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 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. FBL Financial Group Inc PAC		Date of Receipt
Mailing Address 5400 University Avenue		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code West Des Moines IA 50266		Transaction ID : 53974069
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00317297"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. USAA Employee PAC		Date of Receipt
Mailing Address USAA Building D3W 9800 Fredericksburg Road		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code San Antonio TX 78288		Transaction ID : 53974111
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00164145"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. OneAmerica Financial Partners, Inc. PAC		Date of Receipt
Mailing Address One American Square P.O. Box 368		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Indianapolis IN 46206		Transaction ID : 53974292
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00143164"/>		Amount of Each Receipt this Period <input type="text" value="4000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="14000.00"/>
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 27 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. American National Ins. Co. PAC		Date of Receipt
Mailing Address One Moody Plaza		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Galveston	TX	77550
FEC ID number of contributing federal political committee.	<input type="text" value="C00135525"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : 53974294
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) B. Securian Inc PAC		Date of Receipt
Mailing Address 400 Robert Street North		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
St Paul	MN	55101
FEC ID number of contributing federal political committee.	<input type="text" value="C00120006"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : 53974296
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. Nationwide Mutual Insurance Co PAC		Date of Receipt
Mailing Address One Nationwide Plaza		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215-2220
FEC ID number of contributing federal political committee.	<input type="text" value="C00076174"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	
		Transaction ID : 54096620
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="39700.00"/>