

**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).....▶	