



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		146986.01
(b) Cash on Hand at Beginning of Reporting Period.....	239817.83	
(c) Total Receipts (from Line 19) .....	41136.88	375968.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	280954.71	522954.71
7. Total Disbursements (from Line 31).....	40000.00	282000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	240954.71	240954.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	21189.90	153943.16
(ii) Unitemized .....	6446.98	26733.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27636.88	180676.17
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	190292.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	41136.88	370968.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	41136.88	375968.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41136.88	375968.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	27000.00	264500.00
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).....	5000.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements .....	8000.00	12500.00
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)) ..	40000.00	282000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40000.00	282000.00

**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) .....	41136.88	370968.70
34. Total Contribution Refunds (from Line 28(d)) .....	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36136.88	365968.70
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: PAGE 6 OF 40  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kirt A Walker**

Mailing Address One Nationwide Blvd

City State Zip Code  
 Columbus OH 43215

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

Name of Employer Occupation  
 Nationwide Financial President & COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012

**Transaction ID : 47897015**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**B. Chris Graff**

Mailing Address One National Life Dr

City State Zip Code  
 Montpelier VT 05604-1000

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

Name of Employer Occupation  
 Natinal Life Group VP - Coporate Communications

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  
 09 / 04 / 2012

**Transaction ID : 47897019**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. David Mitchell**

Mailing Address 24 Cole Field Rd

City State Zip Code  
 Cape Elizabeth ME 04107-9675

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

Name of Employer Occupation  
 Boston Mutual VP - Group Benefits

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2012

**Transaction ID : 47897020**

Amount of Each Receipt this Period  
 750.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3750.00

**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 40
	<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**

**A. Mr. Michael G. DeKoning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Perimeter Center East  
 Suite 5000  
 City Atlanta State GA Zip Code 30346-2296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Munich American Reassurance Company President & Chief Executive Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2012  
**Transaction ID : 47897122**  
 Amount of Each Receipt this Period  
 2500.00

**B. Mr. Dennis L. Johnson FLMI, CLU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 926 W. Oakhampton Drive  
 City Eagle State ID Zip Code 83616-6744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United Heritage Mutual Life Insurance President and CEO  
 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  
 09 / 11 / 2012  
**Transaction ID : 47897124**  
 Amount of Each Receipt this Period  
 500.00

**C. Ruth B. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One National Life Drive  
 City Montpelier State VT Zip Code 05604-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Life Insurance Company Vice 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 / 11 / 2012  
**Transaction ID : 47897209**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> 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 40
	<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. Mark K. Fallon**  
Full Name (Last, First, Middle Initial)

Mailing Address 2209 W. 126th Street

City Leawood State KS Zip Code 66209-1384

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

Name of Employer: Americo Life Insurance Company  
Occupation: Senior Vice President & Chief Financia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 13 / 2012  
**Transaction ID : 47897248**

Amount of Each Receipt this Period  
350.00

**B. Mr. Gregory A. Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 3447 W. 138th Terrace

City Leawood State KS Zip Code 66224-4595

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

Name of Employer: Americo Financial Life and Annuity Ins  
Occupation: Vice President & Director, Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
09 / 13 / 2012  
**Transaction ID : 47897251**

Amount of Each Receipt this Period  
350.00

**c. Ms. Sandra L. Dunaway**  
Full Name (Last, First, Middle Initial)

Mailing Address 3198 SW Ganderia St

City Lees Summit State MO Zip Code 64081

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

Name of Employer: Americo Life Insurance Company  
Occupation: Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 13 / 2012  
**Transaction ID : 47897252**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

**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 40
	<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. Donald P. Oster**  
Full Name (Last, First, Middle Initial)

Mailing Address 12624 W 121st Terrace

City Overland Park State KS Zip Code 66213-2263

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

Name of Employer Americo Life Insurance Company Occupation Chief Accounting Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 47897257**

Amount of Each Receipt this Period 250.00

**B. Jeremy Thornton**  
Full Name (Last, First, Middle Initial)

Mailing Address 14450 Aberden Ct

City Leawood State KS Zip Code 66224-3922

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

Name of Employer Americo Life Insurance Company Occupation Marketing VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 47897258**

Amount of Each Receipt this Period 350.00

**C. Mr. Jack L. Fortini**  
Full Name (Last, First, Middle Initial)

Mailing Address 3608 W. 155th Street

City Overland Park State KS Zip Code 66224-3990

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

Name of Employer Americo Financial Life and Annuity Ins Occupation Vice President, Counsel & Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 47897259**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. James L. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 410288  
 City Kansas City State MO Zip Code 64141-0288  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Financial Life and Annuity Ins Occupation Senior Vice President, Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : 47897260**  
 Amount of Each Receipt this Period **250.00**

**B. Ms. Cathy A. Cavitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8001 El Monte  
 City Prairie Village State KS Zip Code 66208-5050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Financial Life and Annuity Ins Occupation Vice President, Compliance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : 47897261**  
 Amount of Each Receipt this Period **300.00**

**C. Robert L LaPlant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5604 W 147th Place  
 City Overland Park State KS Zip Code 66223-1171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Americo Life insurance Company Occupation VP of IT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 13 / 2012**  
**Transaction ID : 47897264**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<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. Gary L. Muller**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 W. 11th Street

City Kansas City State MO Zip Code 64105-1618

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

Name of Employer Americo Life Insurance Company Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 47897265**

Amount of Each Receipt this Period 1000.00

**B. Mr. Michael A. Merriman**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 West 11th Street

City Kansas City State MO Zip Code 64105-1618

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

Name of Employer Americo Life Insurance Company Occupation Chairman of the Board

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 47897266**

Amount of Each Receipt this Period 1000.00

**C. Mr. Howard V. Neff**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Equestrian Lane

City East Falmouth State MA Zip Code 02536-7903

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

Name of Employer Boston Mutual Life Insurance Company Occupation Vice President, Real Estate and CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2012  
**Transaction ID : 47897360**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<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 D Rosenkranz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15424 S Michaele Driev  
 City State Zip Code  
 Oak Forrest IL 60452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MTL Insurance Company Chief Financial Officer and Senior Vic  
 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  
 09 / 26 / 2012  
**Transaction ID : 47897518**  
 Amount of Each Receipt this Period  
 500.00

**B. Mehran Assadi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 United Life Drive  
 City State Zip Code  
 Montpelier VT 05604-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Life Group CEO  
 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  
 09 / 26 / 2012  
**Transaction ID : 47897549**  
 Amount of Each Receipt this Period  
 500.00

**C. Ian A McKenny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One National Life Drive  
 City State Zip Code  
 Montpelier VT 05604-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Life Group Senior Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2012  
**Transaction ID : 47897550**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 40
<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. David A. Wheat**  
Full Name (Last, First, Middle Initial)

Mailing Address 5817 S. Walden Street

City Centennial State CO Zip Code 80015-5912

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

Name of Employer Hannover Life Reassurance Company of A Occupation Executive Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : 48034623**

Amount of Each Receipt this Period 350.00

**B. Curt Hagelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5425 Tivoli Drive

City Orlando State FL Zip Code 32836

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

Name of Employer Hannover Life Reassurance Company of A Occupation Senior Vice President, CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : 48034624**

Amount of Each Receipt this Period 250.00

**C. Mr. Harold B. Rojas**  
Full Name (Last, First, Middle Initial)

Mailing Address 6315 Ferryboat Circle

City Columbia State MD Zip Code 21044-3803

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

Name of Employer Baltimore Life Insurance Company Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 28 / 2012  
**Transaction ID : 48034628**

Amount of Each Receipt this Period 275.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

**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 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Mr. Donald L. Donald L. Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation SVP, Administration & CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1156427125377**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Semi-Monthly)

**B. 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 **209.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1231727525377**  
 Amount of Each Receipt this Period **22.00**  
 P/R Deduction (\$11.00 Semi-Monthly)

**c. 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 **400.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR1503559925377**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... **162.00**  
**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 15 OF 40
<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. 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 ▼ **284.80**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR1503560125377**

Amount of Each Receipt this Period **28.48**

P/R Deduction (\$14.24 Semi-Monthly)

**B. Mr. Walter C. Walter C. Welsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3416.22**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR1550105925377**

Amount of Each Receipt this Period **379.58**

P/R Deduction (\$189.79 Semi-Monthly)

**C. Mr. Robert H. Robert H. Neill Jr. Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Senior Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2012**

**Transaction ID : PR1554864825377**

Amount of Each Receipt this Period **40.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>448.06</b>
<b>TOTAL</b> 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 40
	<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. Gail S. Gail S. Steinberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Legislative Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1565786725377**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**B. Ms. Shannon N. Shannon N. Salinas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Counsel, Taxes & Retirement Security  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1647849725377**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**C. Ms. Kathleen F. Kathleen F. Kiernan-Pagani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1490.59

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1728112725377**  
 Amount of Each Receipt this Period 165.62  
 P/R Deduction (\$82.81 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 245.62  
**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 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Ms. Carolyn C. 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 ▼ 1734.31

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1821819625377**  
 Amount of Each Receipt this Period 192.70  
 P/R Deduction (\$96.35 Semi-Monthly)

**B. The Honora Dirk A. Dirk A. Kempthorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1871324525377**  
 Amount of Each Receipt this Period 416.66  
 P/R Deduction (\$208.33 Semi-Monthly)

**C. Mr. Peter J. Peter J. Bautz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Taxes and Retirement S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1903849825377**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	649.36
<b>TOTAL</b> 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 40
	<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. Jim Pyc**  
Full Name (Last, First, Middle Initial)

Mailing Address 9124 MidPines Court

City Orlando State FL Zip Code 32819-4307

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

Name of Employer Hannover Life Reassurance Company of A Occupation EVP, financial Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1948888425377**

Amount of Each Receipt this Period 24.00

P/R Deduction (\$12.00 Semi-Monthly)

**B. 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 ▼ 450.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1964225725377**

Amount of Each Receipt this Period 50.00

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

**C. Dave Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 2850 West 162 Street

City Stilwell State KS Zip Code 66085-7820

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

Name of Employer Fidelity Security Occupation Sr. VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1964226725377**

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.00

**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 19 OF 40
<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. Anita 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 ▼ 750.06

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1978714925377**  
 Amount of Each Receipt this Period 83.34  
 P/R Deduction (\$41.67 Semi-Monthly)

**B. Joshua T. 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 ▼ 360.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR1978715625377**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Semi-Monthly)

**C. Christopher Shanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13840 Ballantyen Corporate Pl  
 Suite 400  
 City Charlotte State NC Zip Code 28277-2749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hannover Life Reassurance Company of A Occupation EVP, Mortality Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR2019035025377**  
 Amount of Each Receipt this Period 500.00  
 P/R Deduction (\$500.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 623.34  
**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 20 OF 40
	<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. Steve B Najjar**

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City Orlando State FL Zip Code 32803-3248

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

Name of Employer Hannover Life Reassurance Company of A  
Occupation EVP, Sr. Mkts/General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR2019035125377**

Amount of Each Receipt this Period  
350.00

P/R Deduction (\$350.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Burt**

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City Orlando State FL Zip Code 32803-3248

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

Name of Employer Hannover Life Reassurance Company of A  
Occupation EVP, Financial Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR2019035225377**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)  
**C. Marla Lauterette**

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City Orlando State FL Zip Code 32803-3248

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

Name of Employer Hannover Life Reassurance Company of A  
Occupation VP, Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 30 / 2012  
**Transaction ID : PR2019035325377**

Amount of Each Receipt this Period  
350.00

P/R Deduction (\$350.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mr. Gary E. Gary E. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2887.55

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771358225377**  
 Amount of Each Receipt this Period 320.84  
 P/R Deduction (\$160.42 Semi-Monthly)

**B. Ms. Linda H. Linda H. Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 988.55

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771362425377**  
 Amount of Each Receipt this Period 109.84  
 P/R Deduction (\$54.92 Semi-Monthly)

**C. Mr. John F. John F. Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771365425377**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.68
<b>TOTAL</b> 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 40
	<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. J. Bruce J. Bruce Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2649.42

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771373225377**  
 Amount of Each Receipt this Period 294.38  
 P/R Deduction (\$147.19 Semi-Monthly)

**B. Ms. Shawn Shawn Hausman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.86

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771373525377**  
 Amount of Each Receipt this Period 59.54  
 P/R Deduction (\$29.77 Semi-Monthly)

**C. Mr. David M. David M. Leifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.44

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771374025377**  
 Amount of Each Receipt this Period 161.16  
 P/R Deduction (\$80.58 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.08
<b>TOTAL</b> 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 40
<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) <b>A. Mr. James D. James D. Hall</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771374325377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 30.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 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 ▼ 270.00

Full Name (Last, First, Middle Initial) <b>B. Mr. C. Bryan C. Bryan Cox</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771376825377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 55.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$27.50 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 ▼ 495.00

Full Name (Last, First, Middle Initial) <b>C. Mr. John W. John W. Mangan CEBS</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771377125377</b>
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 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 ▼ 1800.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> 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 40
	<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) <b>A. Ms. Kimberly O. Kimberly O. Dorgan</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR771395125377</b>
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 3749.94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Morris R. Morris R. Goff</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR771419325377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 192.26
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.13 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Aggregate Year-to-Date 1730.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Brenda S. Brenda S. Nation</b>		Date of Receipt 09 / 30 / 2012 <b>Transaction ID : PR771419925377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 150.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 1350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	758.92
<b>TOTAL</b> 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 25 OF 40
<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) <b>A. Ms. Debra K. Debra K. West</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771421025377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 100.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael Michael Lovendusky</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771421125377</b>
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	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeffrey J. Jeffrey J. Janoska</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771423125377</b>
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 23.34
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.67 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Policy Analyst	Aggregate Year-to-Date 208.38	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.34
<b>TOTAL</b> 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 40
	<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. Lisa J. 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 ▼ **720.00**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR771423225377**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Semi-Monthly)

**B. Mr. David C. 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 ▼ **2318.95**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR771428925377**  
 Amount of Each Receipt this Period **257.66**  
 P/R Deduction (\$128.83 Semi-Monthly)

**C. Ms. Alane R. Alane R. Dent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1668.78**

Date of Receipt **09 / 30 / 2012**  
**Transaction ID : PR771444325377**  
 Amount of Each Receipt this Period **185.42**  
 P/R Deduction (\$92.71 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>523.08</b>
<b>TOTAL</b> 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 27 OF 40
<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) <b>A. Mr. T. Scott T. Scott Dixon</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771444925377</b>
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	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Andrew M. Andrew M. Melnyk</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771445825377</b>
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 38.70
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.35 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Managing Director, Research	Aggregate Year-to-Date 348.31	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ms. Julie A. Julie A. Spiezio</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 <b>Transaction ID : PR771449625377</b>
Mailing Address 101 Constitution Avenue NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President	Aggregate Year-to-Date 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.70
<b>TOTAL</b> 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 28 OF 40
	<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. John K. 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 ▼ 290.70

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR771450125377**  
 Amount of Each Receipt this Period 32.30  
 P/R Deduction (\$16.15 Semi-Monthly)

**B. Mr. Maurice A. Maurice A. 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 ▼ 2118.77

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR805149125377**  
 Amount of Each Receipt this Period 235.42  
 P/R Deduction (\$117.71 Semi-Monthly)

**C. Mr. Wayne A. Wayne A. Mehlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Council of Life Insurers Occupation Counsel, Insurance Regulation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2012  
**Transaction ID : PR904819525377**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	317.72
<b>TOTAL</b> This Period (last page this line number only).....▶	21189.90

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

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

FOR LINE NUMBER: PAGE 29 OF 40  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Mutual of Omaha Companies PAC (IMPAC)**  
 Mailing Address Mutual of Omaha Plaza  
 City State Zip Code  
 Omaha NE 68175  
 FEC ID number of contributing federal political committee. **C** C00094581  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2012  
**Transaction ID : 47897042**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. Liberty Mutual Insurance PAC**  
 Mailing Address 175 Berkeley Street  
 City State Zip Code  
 Boston MA 02117  
 FEC ID number of contributing federal political committee. **C** C00171843  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : 47897239**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. Modern Woodmen of America PAC**  
 Mailing Address 1701 First Avenue  
 City State Zip Code  
 Rock Island IL 61201  
 FEC ID number of contributing federal political committee. **C** C00184382  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : 47897350**  
 Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12000.00  
**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: PAGE 30 OF 40  
(check only one)

<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. Swiss Re America Holding Corporation Political Action Committee**

Mailing Address 175 King Street

City Armonk State NY Zip Code 10504

FEC ID number of contributing federal political committee. **C** C00462564

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : 47897513**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13500.00

# 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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

**Rep. Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

Transaction ID : 47868839

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Perlmutter For Congress

Mailing Address 3440 Youngfield Street #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Candidate Name

**Rep. Edwin Perlmutter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

Transaction ID : 47868879

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Tiberi for Congress

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

**Patrick Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

Transaction ID : 47868881

Amount of Each Disbursement this Period

3000.00
---------

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

5000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 1207 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868883**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Grassley Committee**

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Chuck Grassley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868885**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Jim Gerlach for Congress Committee**

Mailing Address P.O. Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Jim Gerlach**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868887**

Amount of Each Disbursement this Period

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr Md For Congress Inc**

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles Boustany Jr.**

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : 47868904**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address P.O. Box 423

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Dave Camp**

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : 47868914**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Jon Tester**

Office Sought:  House  
 Senate  
 President  
State: MT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : 47868916**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011

Purpose of Disbursement

011

Candidate Name  
**Rep. Kenneth Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868918**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy For Congress**

Mailing Address 209 Pennsylvania Ave, SE  
Suite 229D

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

011

Candidate Name  
**Rep. Kevin McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868919**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City State Zip Code  
Visalia CA 93290

Purpose of Disbursement

011

Candidate Name  
**Rep. Devin Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868922**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Levin For Congress**

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Candidate Name  
**Rep. Sander Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868924**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Team Emerson**

Mailing Address Attn: Ekern and Company  
1310 G Street, NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name  
**Jo Ann Emerson**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868926**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Moran For Kansas**

Mailing Address P O Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Candidate Name  
**Mr. Jerry Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : 47868930**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Maffei**

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Daniel Maffei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2012

**Transaction ID : 47868943**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

27000.00

# 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 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 checked="" 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. Liberty Mutual Insurance PAC

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02117

Purpose of Disbursement

010

Category/  
Type

Candidate Name

**Liberty Mutual Insurance PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	2

Transaction ID : 47667726

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. 2014 Friends Of John Doak**

Mailing Address P O Box 54825

City Oklahoma City State OK Zip Code 73154

Purpose of Disbursement  
John Doak, INSURANCE COMMISS. OK

Candidate Name

**Mr. John Doak**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : 47363118**

Amount of Each Disbursement this Period

2500.00

John Doak, INSURANCE COMMISS. OK

Full Name (Last, First, Middle Initial)

**B. Coalition to Elect Larry Taylor**

Mailing Address P O Box 1208

City Friendswood State TX Zip Code 77549

Purpose of Disbursement  
Larry Taylor, STATE SENATE TX

Candidate Name

**Larry Taylor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : 47363119**

Amount of Each Disbursement this Period

1000.00

Larry Taylor, STATE SENATE TX

Full Name (Last, First, Middle Initial)

**C. Texans for Kelly Hancock**

Mailing Address P O Box 821349

City North Richland Hills State TX Zip Code 76182

Purpose of Disbursement  
Kelly Hancock, STATE SENATE TX

Candidate Name

**Kelly Hancock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : 47363120**

Amount of Each Disbursement this Period

1000.00

Kelly Hancock, STATE SENATE TX

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

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

4500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Jim Pitts Campaign for State Representative**

Mailing Address 310 W Jefferson  
Suite 2

City Waxahachie State TX Zip Code 75165

Purpose of Disbursement  
Jim Pitts, STATE HOUSE 10th TX

Candidate Name

**Representa Jim Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363121**

Amount of Each Disbursement this Period

500.00

Jim Pitts, STATE HOUSE 10th TX

Full Name (Last, First, Middle Initial)

**B. Tommy Williams for Texas State Senator**

Mailing Address P.O. Box 8069

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Thomas Williams, STATE SENATE 4th TX

Candidate Name

**TX Sen. Thomas Williams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363122**

Amount of Each Disbursement this Period

500.00

Thomas Williams, STATE SENATE 4th TX

Full Name (Last, First, Middle Initial)

**C. Robert Duncan Campaign**

Mailing Address P.O. Box 2309

City Lubbock State TX Zip Code 79408

Purpose of Disbursement  
Robert Duncan, STATE SENATE 28th TX

Candidate Name

**Senator Robert Duncan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363123**

Amount of Each Disbursement this Period

500.00

Robert Duncan, STATE SENATE 28th TX

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

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

1500.00

**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 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 checked="" 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. Leticia Van de Putte Campaign**

Mailing Address P.O. Box 8490

City San Antonio State TX Zip Code 78208

Purpose of Disbursement  
Leticia Van de Putte, STATE SENATE 26th TX

011

Candidate Name

**Senator Leticia Van de Putte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363124**

Amount of Each Disbursement this Period

500.00

Leticia Van de Putte, STATE SENATE 26th TX

Full Name (Last, First, Middle Initial)

**B. Kenneth F Sheets for State Representative**

Mailing Address PMB #869  
6333 E Mockingbird, Suite 147

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Kenneth Sheets, STATE HOUSE 107th TX

011

Candidate Name

**TX Rep. Kenneth Sheets**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363125**

Amount of Each Disbursement this Period

500.00

Kenneth Sheets, STATE HOUSE 107th TX

Full Name (Last, First, Middle Initial)

**C. Texans for Joe Straus**

Mailing Address P.O. Box 90388

City San Antonio State TX Zip Code 78209

Purpose of Disbursement  
Joe Straus, STATE HOUSE 121st TX

011

Candidate Name

**TX Rep. Joe Straus III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : 47363126**

Amount of Each Disbursement this Period

1000.00

Joe Straus, STATE HOUSE 121st TX

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

2000.00

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

8000.00