

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		278831.80
(b) Cash on Hand at Beginning of Reporting Period.....	454394.80	
(c) Total Receipts (from Line 19)	19412.98	501675.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	473807.78	780507.78
7. Total Disbursements (from Line 31).....	10505.00	317205.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	463302.78	463302.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 12 / 01 / 2013 To: 12 / 31 / 2013

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).....	13546.82	263450.72
(ii) Unitemized	866.16	36525.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14412.98	299975.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	194700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19412.98	494675.98
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	7000.00
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))..... ▶	19412.98	501675.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19412.98	501675.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	308600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2505.00	8605.00
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)) ..	10505.00	317205.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10505.00	317205.00

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)	19412.98	494675.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19412.98	494675.98
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 33
(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

A. Mr. Mark L. Solverud
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 East Gilman Street
 City Madison State WI Zip Code 53703-1479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Guardian Life Insurance Compa Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : 57893026
 Amount of Each Receipt this Period
 1000.00

B. Mr Bradford Leigh Hewitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Fourth Avenue So.
 City Minneapolis State MN Zip Code 55415-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thrivent Financial For Lutherans Occupation CEO & 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
 12 / 18 / 2013
Transaction ID : 57893034
 Amount of Each Receipt this Period
 1000.00

C. Mr Peter J Tucci
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Brooks Bend
 City New Hope State PA Zip Code 18938-9245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer London Life Reinsurance Company Occupation Board Member, Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : 57898961
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2350.00
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 33
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mr. Esfandyar E. Dinshaw		Date of Receipt 12 / 09 / 2013 Transaction ID : 57899554
Mailing Address 3615 131st Street		Amount of Each Receipt this Period 5000.00
City Urbandale	State IA	Zip Code 50323-1714
FEC ID number of contributing federal political committee. C	Name of Employer Sammons Financial Group	Occupation Chairman & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald L. Walker		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1156427130523
Mailing Address 101 Constitution Ave, NW Suite 700		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	Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
P/R Deduction (\$50.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) C. Mr. John Patterson		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1231727530523
Mailing Address 10075 Red Run Blvd		Amount of Each Receipt this Period 22.00
City Owings Mills	State MD	Zip Code 21117-4865
FEC ID number of contributing federal political committee. C	Name of Employer Baltimore Life Insurance Company	Occupation Senior Vice President, Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00	
P/R Deduction (\$11.00 Bi-Weekly)		

SUBTOTAL of Receipts This Page (optional).....▶	5122.00
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 8 OF 33
(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

A. Mr. W. Bryant Sadler
 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 Staff Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR1415470230523
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$10.00 Semi-Monthly)

B. Ms. Mandana Parsazad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Horse Shoe Drive
 City Vienna State VA Zip Code 22182-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR1481799830523
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

C. Mr. Scott E. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cardinal Way
 City South Windsor State CT Zip Code 06074-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vantis Life Insurance Company Occupation Senior Vice President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR1503555330523
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR1503559930523

Amount of Each Receipt this Period
 10.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Mr. Peter L Tedone
Full Name (Last, First, Middle Initial)

Mailing Address 32 Lincoln

City Weatogue State CT Zip Code 06089-9780

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

Name of Employer Vantis Life Insurance Company Occupation President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR1503560130523

Amount of Each Receipt this Period
 20.00

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

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

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

City Washington State DC Zip Code 20001-2140

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4646.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR1550105930523

Amount of Each Receipt this Period
 387.18

P/R Deduction (\$193.59 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	417.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Gail S. Hoeflich		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1565786730523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Legislative Director	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Shannon N. Salinas		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1647849730523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 40.00
City Washington State DC Zip Code 20001-2140	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Counsel, Taxes & Retirement Security	Aggregate Year-to-Date 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Doug Murphy		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1715999330523
Mailing Address 10075 Red Run Blvd		Amount of Each Receipt this Period 9.62
City Owings Mills State MD Zip Code 21117-4887	FEC ID number of contributing federal political committee. C	P/R Deduction (\$4.81 Bi-Weekly)
Name of Employer Baltimore Life Insurance Company Occupation Vice President, Independent Sales	Aggregate Year-to-Date 200.06	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	89.62
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 11 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Kathleen F. Kiernan		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1728112730523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 234.38
City Washington	State DC	Zip Code 20001-2140
FEC ID number of contributing federal political committee. C		P/R Deduction (\$117.19 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Sr. Counsel, State Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2666.21	

Full Name (Last, First, Middle Initial) B. Mr. Edmund V Mahoney		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1729084730523
Mailing Address 20 Northgate		Amount of Each Receipt this Period 9.50
City Simsbury	State CT	Zip Code 06070-1021
FEC ID number of contributing federal political committee. C		P/R Deduction (\$9.60 Bi-Weekly)
Name of Employer Vantis Life Insurance Company	Occupation Vice President, Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.38	

Full Name (Last, First, Middle Initial) c. Ms. Carolyn C. Cobb		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1821819630523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 222.18
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$111.09 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President & Associate General Cou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2556.04	

SUBTOTAL of Receipts This Page (optional).....▶	466.06
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 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. The Honora Dirk A. Kempthorne		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1871324530523
Mailing Address 101 Constitution Ave, NW Suite 700		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 President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	

Full Name (Last, First, Middle Initial) B. Lisa Smith		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1871488830523
Mailing Address 800 North Magnolia Ave. Suite 1400		Amount of Each Receipt this Period 50.00
City Orlando	State FL	Zip Code 32803-3248
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Hannover Life Reassurance Company of A	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. Mr. Brian Waidmann		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1872428330523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 400.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$200.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	866.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
<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 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 ▼ **480.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1903849830523

Amount of Each Receipt this Period
40.00

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

B. 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 ▼ **288.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1948888430523

Amount of Each Receipt this Period
36.00

P/R Deduction (\$12.00 Bi-Weekly)

C. Stephen A Elliott
Full Name (Last, First, Middle Initial)

Mailing Address 8906 Quail Ridge Lane

City Lenox State KS Zip Code 66220

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

Name of Employer Fidelity Security Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : PR1964224830523

Amount of Each Receipt this Period
30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	106.00
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 33
	<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. Brenda Gordanier
Full Name (Last, First, Middle Initial)

Mailing Address 11913 E. 86th St.

City Raytown	State MO	Zip Code 64138-5166
-----------------	-------------	------------------------

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

Name of Employer Fidelity Security	Occupation AVP - Reinsurance
---------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : PR1964225330523

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

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 ▼ **575.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : PR1964225730523

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

C. James C Leuschke
Full Name (Last, First, Middle Initial)

Mailing Address 12901 Nebo Hills Rd

City Kearney	State MO	Zip Code 64060-8237
-----------------	-------------	------------------------

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

Name of Employer Fidelity Security	Occupation Accountant
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : PR1964226130523

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 33
	<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

Full Name (Last, First, Middle Initial) A. Anita Peduzzi		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1978714930523
Mailing Address 101 Constitution Avenue Suite 700 W		Amount of Each Receipt this Period 83.34
City Washington	State DC	Zip Code 20001-2146
FEC ID number of contributing federal political committee. C		P/R Deduction (\$41.67 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation PAC Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

Full Name (Last, First, Middle Initial) B. Joshua T. Mauthe		Date of Receipt 12 / 31 / 2013 Transaction ID : PR1978715630523
Mailing Address 2210 12th St NW		Amount of Each Receipt this Period 40.00
City Washington	State DC	Zip Code 20009-4404
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Meeting Planner-Special Projects Coord	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Richard Jones Jr		Date of Receipt 12 / 31 / 2013 Transaction ID : PR2008166730523
Mailing Address 4545 Wornall Rd #1010-1011		Amount of Each Receipt this Period 30.00
City Kansas City	State MO	Zip Code 64111-3270
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Fidelity Security Life Insurance Co.	Occupation Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	153.34
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 16 OF 33
	<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. Seaver J. J Sowers

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2140

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

Name of Employer American Council of Life Insurers Occupation Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR2018796030523

Amount of Each Receipt this Period
30.00

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

Full Name (Last, First, Middle Initial)
B. Paul Smith

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 SVP, Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **743.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR2019034830523

Amount of Each Receipt this Period
31.00

P/R Deduction (\$10.50 Bi-Weekly)

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

Mailing Address 1707 Prince St. #2

City Alexandria State VA Zip Code 22314-2804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : PR2023274630523

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 17 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. Gary E. Hughes		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771358230523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 338.38
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$173.13 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou	Aggregate Year-to-Date 3973.88	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Carl B. Wilkerson		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771358330523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 17.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$8.50 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation VP & Chief Counsel, Securities & Litig	Aggregate Year-to-Date 204.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Linda H. Cunningham		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771362430523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 112.96
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$56.48 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development	Aggregate Year-to-Date 1355.52	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	468.34
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 18 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Roberta B. Meyer		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771362730523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 20.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. John F. Dolan		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771365430523
Mailing Address 101 Constitution Ave, NW Suite 700 West		Amount of Each Receipt this Period 60.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President, Media Relations	Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771373230523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 300.32
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.16 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations	Aggregate Year-to-Date 3603.84	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	380.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Shawn Hausman		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771373530523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 61.92
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.96 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs	Aggregate Year-to-Date 743.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. David M. Leifer		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771374030523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 167.16
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.58 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 2005.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. James D. Hall		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771374330523
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	Aggregate Year-to-Date 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	259.08
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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. C. Bryan Cox		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771376830523
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 56.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$28.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 679.93	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. John W. Mangan CEBS		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771377130523
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	Aggregate Year-to-Date 2400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Kimberly O. Dorgan		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771395130523
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 4999.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	673.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<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. Olivia H. Gillis
 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 Assoc. Director, Legislative & Regulat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2013
Transaction ID : PR771408130523
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$10.00 Semi-Monthly)

B. Ms. Maria L. Palacios
 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 Managing Director, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.31

Date of Receipt 12 / 31 / 2013
Transaction ID : PR771408830523
 Amount of Each Receipt this Period 20.36
 P/R Deduction (\$10.18 Semi-Monthly)

C. Mr. Paul S. S. Graham III
 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 SVP, Insurance Regulation & Chief Actu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2013
Transaction ID : PR771412630523
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	80.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
<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. Morris R. Goff
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2367.12

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771419330523

Amount of Each Receipt this Period
197.26

P/R Deduction (\$98.63 Semi-Monthly)

B. Ms. Brenda S. Nation
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771419930523

Amount of Each Receipt this Period
150.00

P/R Deduction (\$75.00 Semi-Monthly)

C. Ms. Debra K. West
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771421030523

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	447.26
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael Lovendusky
 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 ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR771421130523
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Semi-Monthly)

B. Mr. Jeffry J. Janoska
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Policy Analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 289.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR771423130523
 Amount of Each Receipt this Period
 24.10
 P/R Deduction (\$12.05 Semi-Monthly)

C. Ms. Lisa J. Tate
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : PR771423230523
 Amount of Each Receipt this Period
 80.00
 P/R Deduction (\$40.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 144.10
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Nina Aponte		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771425330523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Senior Staff Accountant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mr. David C. Turner		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771428930523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 264.08
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$132.04 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation EVP, Chief of Staff & Corp. Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3168.96	

Full Name (Last, First, Middle Initial) C. Ms. Miriam Krol		Date of Receipt 12 / 31 / 2013 Transaction ID : PR771434030523
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Vice President, Long Term Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	304.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<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. Kynondo Lewis
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 Legal Editor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
257.46

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771439630523

Amount of Each Receipt this Period
21.42

P/R Deduction (\$10.71 Semi-Monthly)

B. Ms. 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 ▼
2299.93

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771444330523

Amount of Each Receipt this Period
191.66

P/R Deduction (\$95.83 Semi-Monthly)

C. Mr. T. Scott Dixon
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
12 / 31 / 2013
Transaction ID : PR771444930523

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Andrew M. Melnyk
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Managing Director, Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.24**

Date of Receipt
12 / 31 / 2013

Transaction ID : PR771445830523

Amount of Each Receipt this Period
40.02

P/R Deduction (\$20.01 Semi-Monthly)

B. Ms. Julie A. Spiezio
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 31 / 2013

Transaction ID : PR771449630523

Amount of Each Receipt this Period
50.00

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

C. Mr. John K. Bruins
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.07**

Date of Receipt
12 / 31 / 2013

Transaction ID : PR771450130523

Amount of Each Receipt this Period
33.34

P/R Deduction (\$16.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	123.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 33
	<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. Raymond J. Hazel		Date of Receipt 12 / 31 / 2013 Transaction ID : PR796887930523
Mailing Address 7 Daydilly Court		Amount of Each Receipt this Period 50.00
City Wilmington	State DE	Zip Code 19808-1951
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer London Life Reinsurance Company	Occupation VP Finance, & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Maurice A. Perkins		Date of Receipt 12 / 31 / 2013 Transaction ID : PR805149130523
Mailing Address 101 Constitution Ave, NW Suite 700		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 Vice President, Federal Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3159.05	

Full Name (Last, First, Middle Initial) C. Mr. Wayne A. Mehlman		Date of Receipt 12 / 31 / 2013 Transaction ID : PR904819530523
Mailing Address 101 Constitution Avenue, NW Suite 700		Amount of Each Receipt this Period 50.00
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	516.66
TOTAL This Period (last page this line number only).....▶	13546.82

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

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

FOR LINE NUMBER: PAGE 28 OF 33
(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. Association for Advanced Life Underwriting

Mailing Address 11921 Freedom Dr
Suite 1100

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 04 / 2013
Transaction ID : 57888426

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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. 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: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 56879656

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement

011

Candidate Name

Rep. Todd Young

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 56879657

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st Street SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Rep. Linda Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 56879659

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Andy Barr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : 56879662

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : 56879664

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ben Cardin for Senate

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2013

Transaction ID : 56879671

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Stutzman For Congress

Mailing Address PO Box 129

City State Zip Code
Howe IN 46746

Purpose of Disbursement

011

Candidate Name

Rep. Marlin Stutzman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 56879674

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave
Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement

011

Candidate Name

Gregory Meeks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 56879682

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

2000.00

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

8000.00

**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. Bill Brown for Senate 2014

Mailing Address 424 South Elm Place

City Broken Arrow State OK Zip Code 74012

Purpose of Disbursement
Bill Brown, STATE SENATE 36th OK

Candidate Name
OK Sen. Bill Brown

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 56711394

Amount of Each Disbursement this Period

500.00

Bill Brown, STATE SENATE 36th OK

Full Name (Last, First, Middle Initial)

B. Friends of Dan Kirby 2014

Mailing Address 12208 East 38th Place

City Tulsa State OK Zip Code 74146

Purpose of Disbursement
Dan Kirby, STATE HOUSE 75th OK

Candidate Name
OK Rep. Dan Kirby

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OK District: 75

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 56711565

Amount of Each Disbursement this Period

500.00

Dan Kirby, STATE HOUSE 75th OK

Full Name (Last, First, Middle Initial)

C. John Sparks for Senate

Mailing Address P O Box 368

City Norman State OK Zip Code 73070

Purpose of Disbursement
John Sparks, STATE SENATE 16th OK

Candidate Name
OK Sen. John Sparks

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 56711569

Amount of Each Disbursement this Period

500.00

John Sparks, STATE SENATE 16th OK

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. Friends of Gary Stanislawski

Mailing Address 2992 E 78th St

City Tulsa State OK Zip Code 74136

Purpose of Disbursement
Gary Stanislawski, STATE SENATE 35th OK

011

Candidate Name

OK Sen. Gary Stanislawski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 56711583

Amount of Each Disbursement this Period

500.00

Gary Stanislawski, STATE SENATE 35th OK

Full Name (Last, First, Middle Initial)

B. Friends of Glen Mulready

Mailing Address 660 W 77th Place

City Tulsa State OK Zip Code 74132

Purpose of Disbursement
Glen Mulready, STATE HOUSE 68th OK

011

Candidate Name

OK Rep. Glen Mulready

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 68

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 09 / 2013

Transaction ID : 56711585

Amount of Each Disbursement this Period

500.00

Glen Mulready, STATE HOUSE 68th OK

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

2500.00