



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2026"/>	<input type="text" value=""/>	<input type="text" value="433110.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="455703.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="78279.36"/>	<input type="text" value="370872.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="533983.10"/>	<input type="text" value="803983.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57000.00"/>	<input type="text" value="327000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="476983.10"/>	<input type="text" value="476983.10"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**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).....	65362.34	215888.07
(ii) Unitemized .....	2917.02	9484.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	68279.36	225372.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	145500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	78279.36	370872.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	78279.36	370872.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78279.36	370872.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57000.00	327000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	57000.00	327000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57000.00	327000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	78279.36	370872.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78279.36	370872.48
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 38  
 (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. Bourgeois, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4801 Lopiano St  
 City Prosper State TX Zip Code 75078  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) VP, Sales Desk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2026  
**Transaction ID : 91058645**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. McClure, Mary Jaya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17511 Torey Pine Dr  
 City Dallas State TX Zip Code 75287-7539  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) AVP and Senior Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2026  
**Transaction ID : 91058648**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Dendinger, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Bay Ct  
 City South Burlington State VT Zip Code 05403-7852  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) VP, Asst General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2026  
**Transaction ID : 91058651**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ellery, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6718 Pennan Court  
 City Noblesville State IN Zip Code 46062-8484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OneAmerica Occupation (for Individual) General Counsel & Secretary  
 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  
 04 / 01 / 2026  
**Transaction ID : 91058693**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Brown Reynolds, Zarifa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2624 NE 22nd Ave  
 City Lighthouse Point State FL Zip Code 33064-8337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Royal Neighbors of America Occupation (for Individual) CEO & President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2026  
**Transaction ID : 91058694**  
 Amount of Each Receipt this Period  
 1100.00  
 Memo Item

**C. Porter, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 W 131st Street  
 City New York State NY Zip Code 10027-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director  
 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  
 04 / 02 / 2026  
**Transaction ID : 91060825**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4600.00
<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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Coughlin, Christine, T, Ms,</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2026 <b>Transaction ID : 91060826</b>
Mailing Address 40 Prince Snow Circle		Amount of Each Receipt this Period 3000.00
City Mattapoisett	State MA	Zip Code 02739-1672
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Boston Mutual Life Insurance Company	Occupation (for Individual) Treasurer, EVP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kane, Thomas, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2026 <b>Transaction ID : 91060827</b>
Mailing Address 1 Larson Rd		Amount of Each Receipt this Period 500.00
City Kingston	State MA	Zip Code 02364-1738
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Boston Mutual Life Insurance Company	Occupation (for Individual) Director, Infrastructure	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cornish, John, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2026 <b>Transaction ID : 91060828</b>
Mailing Address 1232 Pelican Lane		Amount of Each Receipt this Period 1000.00
City Delray Beach	State FL	Zip Code 33483-7235
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Boston Mutual Life Insurance Company	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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 9 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Sullivan, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Musket Way  
 City Franklin State MA Zip Code 02038-3627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2026  
**Transaction ID : 91060829**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

**B. Zimmerman, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Edson Woods Road  
 City Stowe State VT Zip Code 05672-1056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) SVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2026  
**Transaction ID : 91060830**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Lasick, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Mountainview Street  
 City Montpelier State VT Zip Code 05602-3324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) VP & Controller  
 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  
 04 / 03 / 2026  
**Transaction ID : 91066836**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<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 10 OF 38
<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

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. Salumu, Kit, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 723 Mount Hope Street  
 City North Attleboro State MA Zip Code 02760-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Budget Manager  
 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  
 04 / 03 / 2026  
**Transaction ID : 91066837**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Shahon, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 181 Berkeley Place  
 City Brooklyn State NY Zip Code 11217-3801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director  
 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  
 04 / 03 / 2026  
**Transaction ID : 91066838**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Barishian, Nicholas, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Old Reynolds Rd  
 City Rehoboth State MA Zip Code 02769-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) VP, Individual Solutions  
 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  
 04 / 03 / 2026  
**Transaction ID : 91066839**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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: PAGE 11 OF 38  
(check only one)

<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

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. Crandall, Roger, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Greenridge Lane

City West Hartford	State CT	Zip Code 06107-1302
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) MassMutual Life Insurance Company	Occupation (for Individual) Chairman, President & CEO
--	--

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
04		02		2026

**Transaction ID : 91066840**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Keith, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E Center St  
Apt 403

City Des Moines	State IA	Zip Code 50309-1878
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wellabe, Inc.	Occupation (for Individual) President and CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2026

**Transaction ID : 91066844**

Amount of Each Receipt this Period  
4000.00

Memo Item

**C. McDonough, Paul, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 N Lake Shore Dr  
Apt 12A

City Chicago	State IL	Zip Code 60610-6686
-----------------	-------------	------------------------

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

Name of Employer (for Individual) CNO Financial Group	Occupation (for Individual) CFO
--	------------------------------------

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
04		03		2026

**Transaction ID : 91066845**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<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 12 OF 38
<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

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. Goldman, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Hyde Street  
 City Newton State MA Zip Code 02461-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 03 / 2026**  
**Transaction ID : 91066849**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Eichstedt, Yuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2711 148th Street  
 City Urbandale State IA Zip Code 50323-2078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Insurance Company Occupation (for Individual) Capital Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 04 / 2026**  
**Transaction ID : 91067145**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. McKenny, Ian, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 Spruce Hollow Rd P.O. Box 3345  
 City Stowe State VT Zip Code 05672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) VP and Asst. General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 08 / 2026**  
**Transaction ID : 91077522**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<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 38
	<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. White, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Primrose Street  
 City Chevy Chase State MD Zip Code 20815-3324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Jackson National Life Occupation (for Individual) SVP  
 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  
 04 / 07 / 2026  
**Transaction ID : 91077523**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Quintana, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Longwood Dr  
 City Papillion State NE Zip Code 68133-3385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director of Application Development  
 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  
 04 / 07 / 2026  
**Transaction ID : 91077524**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Bischof, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One American Square  
 City Indianapolis State IN Zip Code 46282-0020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) One America Financial Occupation (for Individual) CFO & Chief Actuary  
 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  
 04 / 06 / 2026  
**Transaction ID : 91077527**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 14 OF 38
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ward, Grant, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2026 <b>Transaction ID : 91077528</b>
Mailing Address 320 Lagrange Street Unit 2		Amount of Each Receipt this Period 5000.00
City West Roxbury	State MA	Zip Code 02132-3432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Boston Mutual Life Insurance Company	Occupation (for Individual) President & COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Martin, Sherry, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2026 <b>Transaction ID : 91077587</b>
Mailing Address 34 Lindsey Knoll Cir		Amount of Each Receipt this Period 2000.00
City Fairfield Glade	State TN	Zip Code 38558-2886
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Boston Mutual Life Insurance Company	Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Veilleux, Michael, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 03 / 2026 <b>Transaction ID : 91077588</b>
Mailing Address 87 Orchard Terrace		Amount of Each Receipt this Period 1500.00
City Graniteville	State VT	Zip Code 05654-8121
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) National Life Group	Occupation (for Individual) Chief People Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 15 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Gertos, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 South Shore Road  
 City Hancock State NY Zip Code 13783-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Security Mutual Life Insurance Company Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 16 / 2026**  
**Transaction ID : 91128432**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. McLean, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Ledgebrook Road  
 City South Weymouth State MA Zip Code 02190-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) VP, Workplace Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 10 / 2026**  
**Transaction ID : 91130881**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. Puglisi, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Oakhurst Lane  
 City Mount Laurel State NJ Zip Code 08054-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) EVP Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 12 / 2026**  
**Transaction ID : 91130883**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<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 16 OF 38
	<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	

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. Williams, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 451  
 City Norton State MA Zip Code 02766-2345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) VP, Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2026  
**Transaction ID : 91130884**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Shah, Samir, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Stonebridge Court  
 City Montclair State NJ Zip Code 07042-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CareScout-Genworth Occupation (for Individual) 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  
 04 / 13 / 2026  
**Transaction ID : 91130885**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Dunne, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Old Fort Road  
 City Bernardsville State NJ Zip Code 07924-1813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) Field Executive 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  
 04 / 13 / 2026  
**Transaction ID : 91130888**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 17 OF 38
	<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. Guidice, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Hawthorne Avenue  
 City Needham State MA Zip Code 02492-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) General Counsel & Secretary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **04 / 14 / 2026**  
**Transaction ID : 91130894**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**B. Lydon, Austin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8180 Glenfinnan Cir  
 City Fort Myers State FL Zip Code 33912-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 20 / 2026**  
**Transaction ID : 91141752**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Martin, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3789 Buckthorn Dr  
 City Blair State NE Zip Code 68008-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 20 / 2026**  
**Transaction ID : 91141753**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 18 OF 38
	<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	

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. Quincy, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Lincoln Rd  
 City Wellesley Hills State MA Zip Code 02481-6117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) Director  
 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  
 04 / 20 / 2026  
**Transaction ID : 91141754**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Kofkoff, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Grandville Drive  
 City Westfield State IN Zip Code 46074-7970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) One America Occupation (for Individual) SVP, Recordkeeping  
 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  
 04 / 08 / 2026  
**Transaction ID : 91141813**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Swenson, Sharmila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1724 S. 225th Ln  
 City Des Moines State WA Zip Code 98198-6976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Symetra Life Insurance Company Occupation (for Individual) VP, Public Affairs  
 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  
 04 / 14 / 2026  
**Transaction ID : 91141837**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<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 19 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Earle, Bob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Morgan Lane  
 City Barre State VT Zip Code 05641-8304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) AVP Business Analyst  
 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  
 04 / 16 / 2026  
**Transaction ID : 91142233**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Frazee, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 S Brownell Rd  
 City Williston State VT Zip Code 05495-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2026  
**Transaction ID : 91142234**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Cook, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 White Birch Lane  
 City Williston State VT Zip Code 05495-9538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) Chief Underwriting Officer  
 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  
 04 / 17 / 2026  
**Transaction ID : 91142235**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 20 OF 38
	<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

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. Dungworth, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 Private Ridges Road  
 City Morrisville State VT Zip Code 05661-2075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) Chief Compliance Officer, Life & Annu  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2026  
**Transaction ID : 91142236**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Pratt, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3823 Broadmoor Way  
 City Frisco State TX Zip Code 75033-2851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) DCIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2026  
**Transaction ID : 91144136**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Evans, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Mctee Drive  
 City Norton State MA Zip Code 02766-1136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boston Mutual Life Insurance Company Occupation (for Individual) VP & Auditor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2026  
**Transaction ID : 91148714**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<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 21 OF 38
<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

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. Mehta, Nimesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4617 Ellensburg Dr  
 City Dallas State TX Zip Code 75244-7620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Group Occupation (for Individual) CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2026  
**Transaction ID : 91148715**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Corey, Gerri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 Dickinson Drive  
 City Vestal State NY Zip Code 13850-3801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Security Mutual Life Insurance Company Occupation (for Individual) VP of Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 26 / 2026  
**Transaction ID : 91202037**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Wheeler, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Spring Street  
 City Metuchen State NJ Zip Code 08840-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) National Life Insurance Company Occupation (for Individual) VP, Head of Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2026  
**Transaction ID : 91202141**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 22 OF 38
	<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	

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. Gomez, Mariana E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 848.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR21228818104288**  
 Amount of Each Receipt this Period  
 212.00  
 Memo Item  
 P/R Deduction (\$106.00 Semi-Monthly)

**B. Szostek, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Avenue NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR21228910104288**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

**C. Bard, Howard M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Vice President Taxes & Retirement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR23486871104288**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	632.00
<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 23 OF 38
	<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	

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. Rose, Regina Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Vice President Taxes & Retirement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR23486872104288**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

**B. Carden, Elizabeth S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Certified Meeting Professional  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 334.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR23645958104288**  
 Amount of Each Receipt this Period 83.50  
 Memo Item  
 P/R Deduction (\$41.75 Semi-Monthly)

**C. Mancari, Jessica B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Exec. Communications Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR25371422104288**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	503.50
<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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Coulombe, Kathleen A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) VP, Retirement Security  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 735.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR25406243104288**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

**B. Kozeny, Jill A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) SVP, Communications  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.56

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR25904248104288**  
 Amount of Each Receipt this Period 416.64  
 Memo Item  
 P/R Deduction (\$208.32 Semi-Monthly)

**C. Melchert, Karen E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Regional VP, State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR26468207104288**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	671.64
<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 38
	<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
-----------------------------	-----------------------------	-----------------------------

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. Froment, Jillian E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 10th Floor  
 City WASHINGTON State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) EVP, General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR27744760104288**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Semi-Monthly)

**B. Colicelli, Lauren E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Director, Strategic Political Engageme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR27905077104288**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 P/R Deduction (\$41.67 Semi-Monthly)

**C. Haughawout, Carrie A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) VP, Life and Regulatory Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2026  
**Transaction ID : PR27969408104288**  
 Amount of Each Receipt this Period 110.00  
 Memo Item  
 P/R Deduction (\$55.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	443.34
<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 38
	<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	

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. Goff, Cynthia L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) VP, Supplemental Products  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR28210861104288**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Semi-Monthly)

**B. Lathrop, Douglas A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) VP, Tax Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR28288541104288**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item  
 P/R Deduction (\$105.00 Semi-Monthly)

**C. Leifer, David M., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Avenue, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Vice President & Associate General Co  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1034.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026  
**Transaction ID : PR7713740104288**  
 Amount of Each Receipt this Period  
 258.54  
 Memo Item  
 P/R Deduction (\$129.27 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	668.54
<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 38
	<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	

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. Mangan, John W., , Mr., CEBS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Regional Vice President, State Relatio  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 833.36

Date of Receipt **04 / 30 / 2026**  
**Transaction ID : PR7713771104288**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
 P/R Deduction (\$104.17 Semi-Monthly)

**B. Turner, David C., , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) EVP, Chief of Staff & Corp. Secretary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 833.28

Date of Receipt **04 / 30 / 2026**  
**Transaction ID : PR7714289104288**  
 Amount of Each Receipt this Period 208.32  
 Memo Item  
 P/R Deduction (\$104.16 Semi-Monthly)

**C. Walters, Leah J., , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 New Jersey Ave, NW  
 10th Floor  
 City Washington State DC Zip Code 20001-2030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Regional Vice President, State Relatio  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 30 / 2026**  
**Transaction ID : PR7714444104288**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.66
<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 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Dixon, Thomas Scott, , Mr.,

Mailing Address 300 New Jersey Ave NW  
10th Floor

City Washington State DC Zip Code 20001-2030

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

Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) CFO

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  
 04 / 30 / 2026

**Transaction ID : PR7714449104288**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Melnyk, Andrew M., , Mr.,

Mailing Address 300 New Jersey Avenue NW  
10th Floor

City Washington State DC Zip Code 20001-2030

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

Name of Employer (for Individual) American Council of Life Insurers Occupation (for Individual) Managing Director, Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2026

**Transaction ID : PR77144458104288**

Amount of Each Receipt this Period  
66.66

Memo Item

P/R Deduction (\$33.33 Semi-Monthly)

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.66
<b>TOTAL</b> This Period (last page this line number only).....	65362.34

**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 29 OF 38
<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

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. Royal Neighbors of America Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 230 16th Street

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00693424

Name of Employer (for Individual) Occupation (for Individual)

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
04	/	07	/	2026

**Transaction ID : 91077525**

Amount of Each Receipt this Period  
5000.00

Memo Item

PAC to PAC Contribution

**B. Conseo Inc Concerned Citizens Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 11825 North Pennsylvania

City Carmel	State IN	Zip Code 46032
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303503

Name of Employer (for Individual) Occupation (for Individual)

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
04	/	20	/	2026

**Transaction ID : 91141701**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Jack For Congress**

Mailing Address 225 Market Place Connector  
Num 1055

City Peachtree City State GA Zip Code 30269

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Jack, Brian, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: GA District: 03

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00872473

**Transaction ID : 91140669**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Husted For Senate**

Mailing Address PO Box 6290

City Columbus State OH Zip Code 43206

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Husted, Jon, , Sen.,

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00896019

**Transaction ID : 91140767**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Landsman For Congress**

Mailing Address P.O. Box 68033

City Cincinnati State OH Zip Code 45206

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Landsman, Greg, , Rep.,

Office Sought:  House  
 Senate  
 President  
State: OH District: 01

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00800276

**Transaction ID : 91140768**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  Direct Contribution

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

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

3500.00
---------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hageman For Wyoming**

Mailing Address P.O. Box 4157

City  
Cheyenne

State  
WY

Zip Code  
82003

Purpose of Disbursement

Direct Contribution

011

Candidate Name

Hageman, Harriet, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: WY District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00788943

Transaction ID : 91140769

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Fitzgerald For Congress**

Mailing Address PO Box 484

City  
Oconomowoc

State  
WI

Zip Code  
53066

Purpose of Disbursement

Direct Contribution

011

Candidate Name

Fitzgerald, Scott, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: WI District: 05

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00720011

Transaction ID : 91140783

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Stand with Sanchez**

Mailing Address P.O. Box 83142

City  
Gaithersburg

State  
MD

Zip Code  
20883

Purpose of Disbursement

Direct Contribution

011

Candidate Name

Sanchez, Linda, , Rep.,

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: CA District: 38

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00384057

Transaction ID : 91141240

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Direct Contribution

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

7500.00
---------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition Action Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

Mailing Address 600 Pennsylvania Ave SE  
#410

City Washington State DC Zip Code 20003

Purpose of Disbursement

Direct Contribution

011
Category/ Type

FEC Identification Number

C	C00409730
---	-----------

**Transaction ID : 91141241**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item  Direct Contribution

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

Full Name (Last, First, Middle Initial)

**B. Virginia Foxx For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

Mailing Address P.O. Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Direct Contribution

011
Category/ Type

FEC Identification Number

C	C00386748
---	-----------

**Transaction ID : 91141243**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Direct Contribution

Office Sought:  House  Senate  President  
 Disbursement For: 2026  Primary  General  Other (specify) ▼  
 State: NC District: 05

Full Name (Last, First, Middle Initial)

**C. Terri Sewell For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

Direct Contribution

011
Category/ Type

FEC Identification Number

C	C00458976
---	-----------

**Transaction ID : 91141244**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  Direct Contribution

Office Sought:  House  Senate  President  
 Disbursement For: 2026  Primary  General  Other (specify) ▼  
 State: AL District: 07

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

10000.00
----------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Flood For Congress**

Mailing Address PO Box 81041

City  
Lincoln

State  
NE

Zip Code  
68501

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Flood, Mike, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00801241

**Transaction ID : 91141245**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Flood For Congress**

Mailing Address PO Box 81041

City  
Lincoln

State  
NE

Zip Code  
68501

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Flood, Mike, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00801241

**Transaction ID : 91141246**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Joe Wilson for Congress**

Mailing Address P.O. Box 2145

City  
West Columbia

State  
SC

Zip Code  
29171

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Wilson, Joe, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00368522

**Transaction ID : 91141247**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item  Direct Contribution

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

4000.00
---------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Moody for Florida**

Mailing Address 301 W. Platt St.  
#A663

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Moody, Ashley, , Sen.,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00895763

**Transaction ID : 91141248**

Amount of Each Disbursement this Period

1500.00
---------

<input type="checkbox"/> Memo Item
------------------------------------

Full Name (Last, First, Middle Initial)

**B. Andy Barr for Senate, Inc.**

Mailing Address P.O. Box 2059

City  
Lexington

State  
KY

Zip Code  
40588

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Barr, Andy, , ,

Office Sought:

<input type="checkbox"/> House
<input checked="" type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: KY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00467571

**Transaction ID : 91141249**

Amount of Each Disbursement this Period

2500.00
---------

<input type="checkbox"/> Memo Item
------------------------------------

Full Name (Last, First, Middle Initial)

**C. Iowans For Zach Nunn**

Mailing Address PO Box 8036

City  
Des Moines

State  
IA

Zip Code  
50301

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Nunn, Zach, , Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IA

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00784389

**Transaction ID : 91141250**

Amount of Each Disbursement this Period

2000.00
---------

<input type="checkbox"/> Memo Item
------------------------------------

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

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

6000.00
---------

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Miller-Meeks For Congress

Mailing Address P.O. Box 33

City  
Ottumwa

State  
IA

Zip Code  
52501

Purpose of Disbursement

Direct Contribution

011  
Category/  
Type

Candidate Name

Miller-Meeks, Mariannette, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	6		

FEC Identification Number

C C00558825

Transaction ID : 91141251

Amount of Each Disbursement this Period

2500.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

### B. Bernie Moreno For Senate

Mailing Address PO Box 340797

City  
Columbus

State  
OH

Zip Code  
43234

Purpose of Disbursement

Direct Contribution

011  
Category/  
Type

Candidate Name

Moreno, Bernie, , Sen.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: OH District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	6		

FEC Identification Number

C C00837484

Transaction ID : 91141252

Amount of Each Disbursement this Period

2000.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

### C. Clarke For Congress

Mailing Address P.O. Box 250200

City  
Brooklyn

State  
NY

Zip Code  
11225

Purpose of Disbursement

Direct Contribution

011  
Category/  
Type

Candidate Name

Clarke, Yvette, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	2	6		

FEC Identification Number

C C00415331

Transaction ID : 91141254

Amount of Each Disbursement this Period

3500.00

Memo Item  Direct Contribution

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

8000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cleaver For Congress**

Mailing Address P.O. Box 411872

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Direct Contribution  011 Category/Type

Candidate Name

Cleaver, Emanuel, , Rep., II

Office Sought:  House  Senate  President  
 Disbursement For: 2026  Primary  General  Other (specify) ▼  
 State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2026

FEC Identification Number

C00395848

Transaction ID : 91141255

Amount of Each Disbursement this Period

1000.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Cleaver For Congress**

Mailing Address P.O. Box 411872

City Kansas City State MO Zip Code 64141

Purpose of Disbursement Direct Contribution  011 Category/Type

Candidate Name

Cleaver, Emanuel, , Rep., II

Office Sought:  House  Senate  President  
 Disbursement For: 2026  Primary  General  Other (specify) ▼  
 State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2026

FEC Identification Number

C00395848

Transaction ID : 91141256

Amount of Each Disbursement this Period

1500.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Fitzpatrick For All Of Us**

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement Direct Contribution  011 Category/Type

Candidate Name

Fitzpatrick, Brian, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2026  Primary  General  Other (specify) ▼  
 State: PA District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2026

FEC Identification Number

C00607416

Transaction ID : 91141257

Amount of Each Disbursement this Period

2000.00

Memo Item  Direct Contribution

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Suozzi For Congress**

Mailing Address PO Box 669

City  
Glen Cove

State  
NY

Zip Code  
11542

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Suozzi, Thomas, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00607200

**Transaction ID : 91141258**

Amount of Each Disbursement this Period

1000.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Boyle**

Mailing Address 1701 16th St NW  
#121

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Boyle, Brendan, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: PA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00543363

**Transaction ID : 91141259**

Amount of Each Disbursement this Period

2500.00

Memo Item  Direct Contribution

Full Name (Last, First, Middle Initial)

**C. Hispanic Leadership Trust**

Mailing Address 1005 Congress Ave  
Suite 400

City  
Austin

State  
TX

Zip Code  
78701

Purpose of Disbursement

Direct Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2026

FEC Identification Number

**C** C00809970

**Transaction ID : 91141414**

Amount of Each Disbursement this Period

5000.00

Memo Item  Direct Contribution

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

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

8500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Republican Mainstreet Partnership PAC**

Mailing Address 411 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Direct Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2026

FEC Identification Number

C C00165159
-------------

**Transaction ID : 91141415**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item **Direct Contribution**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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

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

5000.00
---------

57000.00
----------