

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Donald L. Walker
Signature of Treasurer Mr. Donald L. Walker [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		<input type="text" value="620787.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="515246.97"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36466.02"/>	<input type="text" value="66930.01"/>
(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="551712.99"/>	<input type="text" value="687717.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="65000.00"/>	<input type="text" value="201005.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="486712.99"/>	<input type="text" value="486712.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9497.08	18337.93
(ii) Unitemized	1968.94	8592.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11466.02	26930.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	25000.00	40000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36466.02	66930.01
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))..... ▶	36466.02	66930.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36466.02	66930.01

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.....	65000.00	201000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
(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	5.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65000.00	201005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65000.00	201005.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36466.02	66930.01
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36466.02	66925.01
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This Amendment is filed in response to the Commissions RFAI letter date 06/10/15. This Amendment corrects the designation of a contribution originally reported as 2016 Primary Election to accurately reflect 2016 General Election.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Council of Life Insurers Political Action Committee

A. Mr. Anthony Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Princeton Dr
 City Terrace Park State OH Zip Code 45174-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Independent Order of Foresters Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 19 / 2015
Transaction ID : 65336919
 Amount of Each Receipt this Period 5000.00

B. Mr. Donald L. Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation SVP, Administration & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR1156427140340
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Semi-Monthly)

C. Ms. Kathleen F. Kiernan
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW Suite 700
 City Washington State DC Zip Code 20001-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Sr. Counsel, State Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 31 / 2015
Transaction ID : PR1728112740340
 Amount of Each Receipt this Period 160.00
 P/R Deduction (\$80.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	5260.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Ms. Carolyn C. Cobb		Date of Receipt 03 / 31 / 2015 Transaction ID : PR1821819640340
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 237.30
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$118.65 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 711.89	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Honora Dirk A. Kempthorne		Date of Receipt 03 / 31 / 2015 Transaction ID : PR1871324540340
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 416.66
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation President and CEO	Aggregate Year-to-Date 1249.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Brian Waidmann		Date of Receipt 03 / 31 / 2015 Transaction ID : PR1872428340340
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 400.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Chief of Staff	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1053.96
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Anita Peduzzi

Mailing Address 101 Constitution Avenue
Suite 700 W

City Washington State DC Zip Code 20001-2146

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

Name of Employer American Council of Life Insurers Occupation PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 31 / 2015
Transaction ID : PR1978714940340

Amount of Each Receipt this Period
83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)
B. Maria Lauterette

Mailing Address 800 N Magnolia Avenue
Suite 1400

City Orlando State FL Zip Code 32803-3248

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2015
Transaction ID : PR2019035340340

Amount of Each Receipt this Period
80.00

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

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

Mailing Address 1707 Prince St.
#2

City Alexandria State VA Zip Code 22314-2804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.20

Date of Receipt
03 / 31 / 2015
Transaction ID : PR2023274640340

Amount of Each Receipt this Period
83.40

P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	246.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Gary E. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Executive Vice President & General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1099.86

Date of Receipt 03 / 31 / 2015
Transaction ID : PR771358240340
 Amount of Each Receipt this Period 366.62
 P/R Deduction (\$183.31 Semi-Monthly)

B. Ms. Linda H. Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Vice President, Conference Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 358.99

Date of Receipt 03 / 31 / 2015
Transaction ID : PR771362440340
 Amount of Each Receipt this Period 119.66
 P/R Deduction (\$59.83 Semi-Monthly)

C. Mr. J. Bruce Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Vice President, State Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 949.33

Date of Receipt 03 / 31 / 2015
Transaction ID : PR771373240340
 Amount of Each Receipt this Period 316.44
 P/R Deduction (\$158.22 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	802.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ms. Shawn Hausman		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : PR771373540340
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 69.62
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$34.81 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Sr. Vice President, Public Affairs	Aggregate Year-to-Date 208.86	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. David M. Leifer		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : PR771374040340
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Amount of Each Receipt this Period 177.58
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$88.79 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou	Aggregate Year-to-Date 532.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. John W. Mangan CEBS		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 Transaction ID : PR771377140340
Mailing Address 101 Constitution Ave, NW Suite 700		Amount of Each Receipt this Period 200.00
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	447.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Morris R. Goff
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.74**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR771419340340

Amount of Each Receipt this Period **208.58**

P/R Deduction (\$104.29 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR771419940340

Amount of Each Receipt this Period **150.00**

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

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

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR771421040340

Amount of Each Receipt this Period **100.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	458.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ms. Lisa J. Tate
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : PR771423240340
 Amount of Each Receipt this Period **80.00**
 P/R Deduction (\$40.00 Semi-Monthly)

B. Mr. John P. John P. Gerni
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : PR771428740340
 Amount of Each Receipt this Period **150.00**
 P/R Deduction (\$75.00 Semi-Monthly)

C. Mr. David C. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Ave, NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **832.37**

Date of Receipt **03 / 31 / 2015**
Transaction ID : PR771428940340
 Amount of Each Receipt this Period **277.46**
 P/R Deduction (\$138.73 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	507.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ms. Alane R. Dent
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.28**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR771444340340

Amount of Each Receipt this Period **203.76**

P/R Deduction (\$101.88 Semi-Monthly)

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

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR771449640340

Amount of Each Receipt this Period **100.00**

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

C. Mr. Maurice A. Perkins
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt **03 / 31 / 2015**

Transaction ID : PR805149140340

Amount of Each Receipt this Period **416.66**

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

SUBTOTAL of Receipts This Page (optional).....	720.42
TOTAL This Period (last page this line number only).....	9497.08

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
<input 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. AFLAC Incorporated Political Action Cmte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 Wynnton Road
 City Columbus State GA Zip Code 31999
 FEC ID number of contributing federal political committee. **C** C00034157
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : 64694289
 Amount of Each Receipt this Period
 5000.00

B. Guardian Life Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Hanover Square
 City New York State NY Zip Code 10004
 FEC ID number of contributing federal political committee. **C** C00173393
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2015
Transaction ID : 64774574
 Amount of Each Receipt this Period
 5000.00

C. Penn Mutual Life Insurance Company PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Dresher Road
 City Horsham State PA Zip Code 19044
 FEC ID number of contributing federal political committee. **C** C00142372
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : 64774576
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....	▶	15000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. New York Life Insurance Company PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Madison Avenue
 Room 1109
 City New York State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C** C00158881
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 65336916
 Amount of Each Receipt this Period
 5000.00

B. TIAA-CREF Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Thirteenth Street NW
 Suite 700 North
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00431361
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015
Transaction ID : 65336918
 Amount of Each Receipt this Period
 5000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	25000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. IMPACT

Mailing Address 192 Lexington Avenue
Suite 101

City New York State NY Zip Code 10016

Purpose of Disbursement
Political Contribution

011

Candidate Name

IMPACT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947255

Amount of Each Disbursement this Period

5000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. The Freedom Fund

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

011

Candidate Name

The Freedom Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947257

Amount of Each Disbursement this Period

5000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City LaCrosse State WI Zip Code 54601

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947265

Amount of Each Disbursement this Period

5000.00

Political Contribution

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. James Clyburn

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947384

Amount of Each Disbursement this Period

1500.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address P.O. Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. John Larson

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947447

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Shelby for US Senate

Mailing Address P.O. Box 1091

City Tuscaloosa State AL Zip Code 35401

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Richard Shelby

Category/
Type

Office Sought: House
 Senate
 President
State: AL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947451

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Political Contribution

011

Candidate Name
Mr. Christopher Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
2018 Convention Elec

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 64947456

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Political Contribution

011

Candidate Name
Rep. Erik Paulsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 64947457

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Political Contribution

011

Candidate Name
Sen. Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2015

Transaction ID : 64947458

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ben Cardin for Senate, Inc.

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947511

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address P.O. Box 1000

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Chuck Grassley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947523

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64947525

Amount of Each Disbursement this Period

1500.00

Political Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Ave
Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name

Rep. Gregory Meeks

Office Sought: House
 Senate
 President
State: NY District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 64947530

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Blaine For Congress

Mailing Address PO Box 1025

City State Zip Code
Jefferson City MO 65102

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name

Rep. Blaine Luetkemeyer

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 64947644

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Randy Hultgren For Congress

Mailing Address PO Box 717

City State Zip Code
St Charles IL 60174

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name

Rep. Randy Hultgren

Office Sought: House
 Senate
 President
State: IL District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 64948168

Amount of Each Disbursement this Period

2500.00

Political Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address P O Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Jerry Moran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 64948535

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Moran For Kansas

Mailing Address P O Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Jerry Moran

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 64948561

Amount of Each Disbursement this Period

500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2015

Transaction ID : 64948583

Amount of Each Disbursement this Period

500.00

Political Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Johnny Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948607

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Peters for Michigan

Mailing Address P O Box 266

City Bloomfield State MI Zip Code 48303

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Gary Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948622

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Heidi Heitkamp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948626

Amount of Each Disbursement this Period

1000.00

Political 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address P.O. Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. David Reichert

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948632

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Scott Garrett for Congress

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Scott Garrett

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948634

Amount of Each Disbursement this Period

2500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Sean Patrick Maloney For Congress

Mailing Address P.O. Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Sean Maloney

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 18

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948638

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Kevin Brady

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948642

Amount of Each Disbursement this Period

2500.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948646

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Sen. Ron Wyden

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : 64948652

Amount of Each Disbursement this Period

2000.00

Political 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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City State Zip Code
Kansas City MO 64112

Purpose of Disbursement
Political Contribution

011

Candidate Name
Rep. Emanuel Cleaver II

Category/
Type

Office Sought: House
 Senate
 President
State: MO District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : 64948656

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address P O Box 10178

City State Zip Code
Columbia MO 65205

Purpose of Disbursement
Political Contribution

011

Candidate Name
Sen. Roy Blunt

Category/
Type

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 64970767

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Ben Cardin for Senate, Inc.

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Political Contribution

011

Candidate Name
Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : 64970770

Amount of Each Disbursement this Period

1000.00

Political Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Marco Rubio

Category/
Type

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2015

Transaction ID : 64970777

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Marco Rubio For Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Marco Rubio

Category/
Type

Office Sought: House
 Senate
 President
State: FL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2015

Transaction ID : 64970783

Amount of Each Disbursement this Period

500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3500.00

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

65000.00