

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. **12FE4M5**
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

ADDRESS (number and street) **PAN - AMERICAN LIFE CENTER**
601 POYDRAS STREET LEGAL DEPT
 Check if different than previously reported. (ACC) **NEW ORLEANS** **LA** **70130-0219**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00232272** 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.
Fraizer, Patrick C., , ,
Type or Print Name of Treasurer

Signature of Treasurer *Fraizer, Patrick C., , ,* [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

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="2016"/>		40257.61
(b) Cash on Hand at Beginning of Reporting Period.....	40947.69	
(c) Total Receipts (from Line 19)	6635.04	21525.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47582.73	61782.73
7. Total Disbursements (from Line 31).....	10522.42	24722.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37060.31	37060.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

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).....	5700.04	20590.12
(ii) Unitemized	935.00	935.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6635.04	21525.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6635.04	21525.12
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)).....▶	6635.04	21525.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6635.04	21525.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10150.00	24350.00
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).....	372.42	372.42
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)) ..	10522.42	24722.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10522.42	24722.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6635.04	21525.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6635.04	21525.12
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: (check only one)	PAGE 6 OF 15
	<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)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. ROSENKRANZ, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 JORIE BLVD
 City OAK BROOK State IL Zip Code 60523-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MUTUAL TRUST LIFE INSURANCE Occupation (for Individual) COUNSEL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 10837745
 Amount of Each Receipt this Period 500.00
 Memo Item

B. DEMMON, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET FLOOR 28
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INSURANCE COMPANY Occupation (for Individual) VP CONTROLLERS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 13 / 2016
Transaction ID : 10837746
 Amount of Each Receipt this Period 500.00
 Memo Item

C. FRUGE, ALYWIN, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7800 WALMSLEY AVE
 City NEW ORLEANS State LA Zip Code 70125-3432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P. INTERNAL AUDIT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499253514002
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. SCHULTZ, WILLIAM, , , JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91-93 ST VINCENTS ST
 City PORT OF SPAIN State ZZ Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) MANAGING DIRECTOR - CARIBBEAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : PR499253614002
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. BAUDOT, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 W ASHTON CT
 City SLIDELL State LA Zip Code 70460-4053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P. SECURITIES
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : PR499253714002
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. FRAIZER, PATRICK, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2472 BEDFORD DRIVE
 City NEW ORLEANS State LA Zip Code 70131-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) SR. V.P.-H.R., GENERAL COUNSEL &
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : PR499253814002
 Amount of Each Receipt this Period 240.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	450.00
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 15
	<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)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. FOLEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 CALHOUN STREET
 City NEW ORLEANS State LA Zip Code 70118-6004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) SR. V.P. DOMESTIC MARKETS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499253914002
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. REVUELTA, RODOLFO, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 GRAND CANYON DRIVE
 City NEW ORLEANS State LA Zip Code 70131-8634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) SR. V.P., INVESTMENTS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499254214002
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$65.00 Bi-Weekly)

C. SUQUET, JOSE, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1707 PALMER AVENUE
 City NEW ORLEANS State LA Zip Code 70118-6115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) CHAIRMAN OF THE BOARD, PRESIDE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3750.12

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499254414002
 Amount of Each Receipt this Period 1250.04
 Memo Item
 P/R Deduction (\$208.34 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1940.04
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 15
<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)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. DICIANNI, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) SR. V.P. INTERNATIONAL
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : PR499254814002
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. PARKER, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 EDGEWATER DR
 City CORAL GABLES State FL Zip Code 33133-6960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) SR. V.P. GLOBAL LIFE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : PR499255114002
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. RAVEIRO, NOELIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 ALHAMBRA PLAZA SUITE 1501
 City CORAL GABLES State FL Zip Code 33134-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) MEDICAL CLAIMS DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 30 / 2016**
Transaction ID : PR499255214002
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
<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)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. REITAN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 371 BROADWAY STREET
 City NEW ORLEANS State LA Zip Code 70118-3559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499255314002
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. SUCHECKI, ROBB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P. INTERNATIONAL GROUP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499255414002
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. BURKHARDT, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET 10TH FLOOR
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P. GLOBAL LIFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499255514002
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1020.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. RIZO, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) V.P. LATAM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499255614002
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. LANGSTON, GAVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 POYDRAS STREET
 City NEW ORLEANS State LA Zip Code 70130-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PAN-AMERICAN LIFE INS. GROUP Occupation (for Individual) DIRECTOR, I.T.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016
Transaction ID : PR499255814002
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	5700.04

**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

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NAME OF COMMITTEE (In Full)

PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

Full Name (Last, First, Middle Initial)

A. Richmond For Congress

Mailing Address 1631 Elysian Fields
Suite 150

City
New Orleans

State
LA

Zip Code
70126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richmond, Cedric, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State: LA

District: 02

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2016

FEC Identification Number

C H8LA02054

Transaction ID : 10837904

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City
NEW YORK

State
NY

Zip Code
10185

Purpose of Disbursement

011

Category/
Type

Candidate Name

CLINTON, HILLARY, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2016

FEC Identification Number

C P00003392

Transaction ID : 10837905

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HILLARY FOR AMERICA

Mailing Address P.O. BOX 5256

City
NEW YORK

State
NY

Zip Code
10185

Purpose of Disbursement

011

Category/
Type

Candidate Name

CLINTON, HILLARY, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2016

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2016

FEC Identification Number

C P00003392

Transaction ID : 10837906

Amount of Each Disbursement this Period

2700.00

Memo Item

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

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

5900.00

**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

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. Boustany For Senate Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement 011 Category/Type

Candidate Name
Boustany, Charles, , Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 03

Date of Disbursement: 08 / 11 / 2016

FEC Identification Number: **C H4LA07029**
Transaction ID : **10837907**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. RYAN-SCALISE VICTORY FUND

Full Name (Last, First, Middle Initial)
Mailing Address 320 FIRST STREET, S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement 011 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 09 / 01 / 2016

FEC Identification Number: **C**
Transaction ID : **10837909**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Richmond For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1631 Elysian Fields Suite 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement 011 Category/Type

Candidate Name
Richmond, Cedric, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 02

Date of Disbursement: 09 / 12 / 2016

FEC Identification Number: **C H8LA02054**
Transaction ID : **10837914**
Amount of Each Disbursement this Period: 750.00

Memo Item

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

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

2750.00

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

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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

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. Mike Johnson for Louisiana

Full Name (Last, First, Middle Initial)
Mailing Address P.P. Box 6075

City Bossier City State LA Zip Code 71171

Purpose of Disbursement 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 04

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C
Transaction ID : 10845336
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Friends Of Kelly Ayotte Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement 011 Category/Type

Candidate Name
Ayotte, Kelly, , Sen.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C
SONH00235
Transaction ID : 10845338
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends Of Joe Heck Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement 011 Category/Type

Candidate Name
Heck, Joseph, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement: 09 / 16 / 2016

FEC Identification Number: C
HONV03058
Transaction ID : 10845339
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	10150.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PAN-AMERICAN LIFE INSURANCE COMPANY PAC (PALIC PAC)

A. AUGIE LEOPOLD

Full Name (Last, First, Middle Initial)

Mailing Address 3214 ROMAN STREET

City METAIRIE State LA Zip Code 70001

Purpose of Disbursement PROMOTIONAL ITEMS GIFTS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2016

FEC Identification Number: C

Transaction ID : 10837908

Amount of Each Disbursement this Period: 372.42

PROMOTIONAL ITEMS GIFTS

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	372.42
TOTAL This Period (last page this line number only).....▶	372.42