

**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 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	

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. Michael Farley		Date of Receipt
Mailing Address 56 Perimeter Center East NE Suite 500		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Atlanta State GA Zip Code 30346-2203		Transaction ID : 53957485
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Munich American Reassurance Company Occupation SVP & CFO		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2013"/> <input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. John F. Barrett		Date of Receipt
Mailing Address 9300 Shawnee Run Road		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Cincinnati State OH Zip Code 45243-2826		Transaction ID : 53974068
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Western-Southern Financial Group Occupation Chairman of the Board, President & CEO		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Dennis R. Glass		Date of Receipt
Mailing Address 1000 Green Valley Road		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Bryn Mawr State PA Zip Code 19010-1912		Transaction ID : 53974110
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Lincoln Financial Group Occupation President & Chief Executive Officer		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2013"/> <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>