

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="581209.30"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="501000.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="81108.15"/>	<input type="text" value="326899.60"/>
(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="582108.90"/>	<input type="text" value="908108.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="165000.00"/>	<input type="text" value="491000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="417108.90"/>	<input type="text" value="417108.90"/>
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).....	50952.04	173037.28
(ii) Unitemized	1656.11	16362.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52608.15	189399.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	28500.00	137500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	81108.15	326899.60
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))..... ▶	81108.15	326899.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81108.15	326899.60

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.....	162000.00	488000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3000.00	3000.00
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)) ..	165000.00	491000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165000.00	491000.00

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)	81108.15	326899.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81108.15	326899.60
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 51
<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

Full Name (Last, First, Middle Initial) A. Geri Gaughan		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : 72245857
Mailing Address 2001 Grove Street		Amount of Each Receipt this Period 500.00
City Glenview	State IL	Zip Code 60025-2817
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer MTL Insurance Company	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. G. Edward Hughes		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : 72245858
Mailing Address 76 Gatewood Dr.		Amount of Each Receipt this Period 250.00
City Marietta	State GA	Zip Code 30068-3848
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer Mutual Trust Financial Group	Occupation Senior Vice President, CMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Roger W Crandall		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : 72246087
Mailing Address 1295 State St.		Amount of Each Receipt this Period 5000.00
City Springfield	State MA	Zip Code 01111-0001
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Memo Item	
Name of Employer MassMutual Life Insurance Company	Occupation Chairman, President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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 51
	<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. 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 06 / 03 / 2016
Transaction ID : 72246088

Amount of Each Receipt this Period 5000.00

Memo Item

B. Mr. John D. Johns
Full Name (Last, First, Middle Initial)

Mailing Address 2749 Southwood Road

City Birmingham State AL Zip Code 35223-1228

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

Name of Employer Protective Life Corporation Occupation Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2016
Transaction ID : 72246089

Amount of Each Receipt this Period 5000.00

Memo Item

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

Mailing Address 4833 McDonald Drive Circle N

City Stillwater State MN Zip Code 55082-2150

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

Name of Employer Allianz Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 03 / 2016
Transaction ID : 72246090

Amount of Each Receipt this Period 5000.00

Memo Item

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 8 OF 51
	<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. Jay Rosenblum
 Full Name (Last, First, Middle Initial)
 Mailing Address 7719 Maryknoll Avenue
 City Bethesda State MD Zip Code 20817-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guardian Life Insurance Company of Ame Occupation SVP, Government Affairs
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2016
Transaction ID : 72246092
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. John Rubin Flores
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Royall St
 City Canton State MA Zip Code 02021-1028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Mutual Life Insurance Company Occupation Vice President, General Counsel & Secr
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : 72246094
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Stephen Pelletier
 Full Name (Last, First, Middle Initial)
 Mailing Address 751 Broad Street
 City Newark State NJ Zip Code 07102-3714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prudential Insurance Company of Americ Occupation Executive Vice President & COO
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2016
Transaction ID : 72246095
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<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. Selig Ehrlich
Full Name (Last, First, Middle Initial)

Mailing Address 1081 Channel Dr.

City State Zip Code
Hewlett NY 11557-2637

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

Name of Employer Occupation
Pan-American Life Insurance Company Chief Actuary & Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2016
Transaction ID : 72246096

Amount of Each Receipt this Period
500.00

Memo Item

B. Carlos Mickan
Full Name (Last, First, Middle Initial)

Mailing Address 217 English Turn Dr.

City State Zip Code
New Orleans LA 70131-3348

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

Name of Employer Occupation
Pan-American Life Insurance Company Vice Chairman & CFO

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
06 / 01 / 2016
Transaction ID : 72246097

Amount of Each Receipt this Period
500.00

Memo Item

c. Mr. James P. Rousey
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5147

City State Zip Code
Springfield IL 62705-5147

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

Name of Employer Occupation
Universal Guaranty Life Insurance Comp President

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
06 / 14 / 2016
Transaction ID : 72246122

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 51
	<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. Mr. Esfandyar E. Dinshaw
Full Name (Last, First, Middle Initial)

Mailing Address 3615 131st Street

City Urbandale State IA Zip Code 50323-1714

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

Name of Employer Sammons Financial Group Occupation Chairman & CEO

Receipt For:
 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
 06 / 14 / 2016
Transaction ID : 72246143

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Jean-Francois Poulin
Full Name (Last, First, Middle Initial)

Mailing Address 1787 Sentry Parkway West Suite 420

City Blue Bell State PA Zip Code 19422-2200

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

Name of Employer London Life Reinsurance Company Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : 72246746

Amount of Each Receipt this Period
 3500.00

Memo Item

C. Mr. Raymond J. Hazel
Full Name (Last, First, Middle Initial)

Mailing Address 7 Daydilly Court

City Wilmington State DE Zip Code 19808-1951

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

Name of Employer London Life Reinsurance Company Occupation SVP Finance & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2016
Transaction ID : 72246762

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8800.00

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 51
<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. Mr. Bruce W. Boyea
Full Name (Last, First, Middle Initial)

Mailing Address 15 Campbell Road Court

City Binghamton State NY Zip Code 13905-4301

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

Name of Employer Security Mutual Life Insurance Company Occupation Chairman, President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 06 / 28 / 2016
Transaction ID : 72246786

Amount of Each Receipt this Period 2600.00

Memo Item

B. Mr. Ronald W. Funk CLU
Full Name (Last, First, Middle Initial)

Mailing Address 3712 Country Club Road

City Endwell State NY Zip Code 13760-2509

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

Name of Employer Security Mutual Life Insurance Company Occupation Vice President Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2016
Transaction ID : 72246789

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr Michael D Mulcahy
Full Name (Last, First, Middle Initial)

Mailing Address 197 Sandy Knoll Drive

City Doylestown State PA Zip Code 18901-2446

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

Name of Employer Canada Life Reinsurance Occupation VP, Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2016
Transaction ID : 72246792

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00

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 12 OF 51
	<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. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1156427148640
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Semi-Monthly)

B. Ms. Mandana Parsazad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1914 Horse Shoe Drive
 City Vienna State VA Zip Code 22182-3755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Counsel, Taxes & Retirement Sec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1481799848640
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Semi-Monthly)

C. Mr. Scott E. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Cardinal Way
 City South Windsor State CT Zip Code 06074-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vantis Life Insurance Company Occupation Senior Vice President & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.70

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1503555348640
 Amount of Each Receipt this Period 43.34
 Memo Item
 P/R Deduction (\$21.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	193.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<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. Mr. David Ficca
Full Name (Last, First, Middle Initial)

Mailing Address 10075 Red Run Blvd

City Owings Mills State MD Zip Code 21117-4865

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1618052348640

Amount of Each Receipt this Period 38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

B. 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 ▼ 960.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1728112748640

Amount of Each Receipt this Period 160.00

Memo Item

P/R Deduction (\$80.00 Semi-Monthly)

C. Ms. Carolyn C. Cobb
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1468.80

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1821819648640

Amount of Each Receipt this Period 244.80

Memo Item

P/R Deduction (\$122.40 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	443.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<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. The Honora Dirk A. Kempthorne
 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 President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1871324548640
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

B. Lisa Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 North Magnolia Ave.
 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 Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1871488848640
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Semi-Monthly)

C. Mr. Brian Waidmann
 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 Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR1872428348640
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	856.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<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. Mr. Peter J. Bautz
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President, Taxes and Retirement S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1903849848640

Amount of Each Receipt this Period
40.00

Memo Item

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

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

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 ▼
500.04

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1978714948640

Amount of Each Receipt this Period
83.34

Memo Item

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

C. Joshua T. Mauthe
Full Name (Last, First, Middle Initial)

Mailing Address 2210 12th St NW

City Washington State DC Zip Code 20009-4404

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

Name of Employer American Council of Life Insurers Occupation Meeting Planner-Special Projects Coord

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR1978715648640

Amount of Each Receipt this Period
40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	163.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<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. Emily C. C Micale
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 Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2016
Transaction ID : **PR2122882048640**

Amount of Each Receipt this Period
50.00

Memo Item

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

B. James Szostek
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 Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2016
Transaction ID : **PR2122891048640**

Amount of Each Receipt this Period
50.00

Memo Item

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

c. Ian F. F Steger
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 Legislative Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 30 / 2016
Transaction ID : **PR2160513748640**

Amount of Each Receipt this Period
50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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. Bruce Friedland
Full Name (Last, First, Middle Initial)

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

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

Name of Employer Vantis Life Insurance Company Occupation SVP & Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.70**

Date of Receipt **06 / 30 / 2016**

Transaction ID : PR2285776948640

Amount of Each Receipt this Period **43.34**

Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

B. Gail Lataille
Full Name (Last, First, Middle Initial)

Mailing Address 256 Stanley Dr

City Glastonbury State CT Zip Code 06033-2622

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

Name of Employer Vantis Life Insurance Company Occupation SVP & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.70**

Date of Receipt **06 / 30 / 2016**

Transaction ID : PR2285777148640

Amount of Each Receipt this Period **43.34**

Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

C. Craig Simms
Full Name (Last, First, Middle Initial)

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

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

Name of Employer Vantis Life Insurance Company Occupation SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **216.70**

Date of Receipt **06 / 30 / 2016**

Transaction ID : PR228577748640

Amount of Each Receipt this Period **43.34**

Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	130.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
<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. Peter Tedone
Full Name (Last, First, Middle Initial)

Mailing Address 32 Lincoln Lane

City Weatogue State CT Zip Code 06089-9780

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

Name of Employer Vantis Life Insurance Company Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.70

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2285778848640

Amount of Each Receipt this Period 43.34

Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

B. Howard M. M. Bard
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President Taxes & Retirement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2348687148640

Amount of Each Receipt this Period 50.00

Memo Item

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

C. Regina Y. Y. Rose
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President Taxes & Retirement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2348687248640

Amount of Each Receipt this Period 50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	143.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
<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. Larry D. D. Burton
 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 Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2348687348640
 Amount of Each Receipt this Period 416.66
 Memo Item
 P/R Deduction (\$208.33 Semi-Monthly)

B. Rodney 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 VP Insurance Regulation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2352660548640
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Semi-Monthly)

C. Katherine E. Trinidad
 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, Communications & Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 729.19

Date of Receipt 06 / 30 / 2016
Transaction ID : PR2414517848640
 Amount of Each Receipt this Period 208.34
 Memo Item
 P/R Deduction (\$104.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 20 OF 51
	<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

Full Name (Last, First, Middle Initial) A. Mr. Gary E. Hughes		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID : PR771358248640
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 375.80
Name of Employer American Council of Life Insurers	Occupation Executive Vice President & General Cou	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2254.79	P/R Deduction (\$187.90 Semi-Monthly)

Full Name (Last, First, Middle Initial) B. Ms. Linda H. Cunningham		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Avenue, NW Suite 700 West		Transaction ID : PR771362448640
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 123.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 738.00	P/R Deduction (\$61.50 Semi-Monthly)

Full Name (Last, First, Middle Initial) C. Mr. John F. Dolan		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Ave, NW Suite 700 West		Transaction ID : PR771365448640
City Washington	State DC	Zip Code 20001-2133
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$30.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	558.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<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. 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 ▼ 1955.64

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771373248640
 Amount of Each Receipt this Period 325.94
 Memo Item
 P/R Deduction (\$162.97 Semi-Monthly)

B. Mr. David M. Leifer
 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 & Associate General Cou
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771374048640
 Amount of Each Receipt this Period 184.00
 Memo Item
 P/R Deduction (\$92.00 Semi-Monthly)

C. Mr. C. Bryan Cox
 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 ▼ 371.64

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771376848640
 Amount of Each Receipt this Period 61.94
 Memo Item
 P/R Deduction (\$30.97 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	571.88
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
<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. Mr. John W. Mangan CEBS
 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 ▼ 1200.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771377148640
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Semi-Monthly)

B. Mr. Paul S. S. Graham III
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation SVP, Insurance Regulation & Chief Actu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771412648640
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Semi-Monthly)

C. 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 ▼ 1284.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771419348640
 Amount of Each Receipt this Period 214.00
 Memo Item
 P/R Deduction (\$107.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	454.00
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 23 OF 51
<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. 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 ▼
600.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR771421048640

Amount of Each Receipt this Period
100.00

Memo Item

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

B. Mr. Michael Lovendusky
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Vice President & Associate General Cou

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR771421148640

Amount of Each Receipt this Period
40.00

Memo Item

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

C. Ms. Lisa J. Tate
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue, NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation VP, Litigation & Assoc. Gen. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
06 / 30 / 2016
Transaction ID : PR771423248640

Amount of Each Receipt this Period
80.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 24 OF 51
<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

Full Name (Last, First, Middle Initial) A. Mr. John P. John P. Gerni		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR771428748640
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
Name of Employer American Council of Life Insurers Occupation Regional Vice President, State Relatio	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ 900.00	P/R Deduction (\$75.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. David C. Turner		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR771428948640
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 287.16
Name of Employer American Council of Life Insurers Occupation EVP, Chief of Staff & Corp. Secretary	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ 1722.97	P/R Deduction (\$143.58 Semi-Monthly)	

Full Name (Last, First, Middle Initial) C. Ms. Alane R. Dent		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 101 Constitution Ave, NW Suite 700		Transaction ID : PR771444348640
City Washington State DC Zip Code 20001-2133	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 218.08
Name of Employer American Council of Life Insurers Occupation Vice President, Federal Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Aggregate Year-to-Date ▼ 1308.48	P/R Deduction (\$109.04 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional).....▶	655.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<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. Mr. Thomas Scott Dixon
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700 West
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Finance Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771444948640
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Semi-Monthly)

B. Mr. Andrew M. Melnyk
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Managing Director, Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.40

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771445848640
 Amount of Each Receipt this Period 43.90
 Memo Item
 P/R Deduction (\$21.95 Semi-Monthly)

C. Ms. Julie A. Spiezio
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Constitution Avenue NW
 Suite 700
 City Washington State DC Zip Code 20001-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Council of Life Insurers Occupation Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771449648640
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....	183.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
<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. Mr. John K. Bruins
Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW
Suite 700

City Washington State DC Zip Code 20001-2133

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

Name of Employer American Council of Life Insurers Occupation Senior Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.60

Date of Receipt 06 / 30 / 2016
Transaction ID : PR771450148640

Amount of Each Receipt this Period 36.60

Memo Item

P/R Deduction (\$18.30 Semi-Monthly)

B. 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 ▼ 2499.96

Date of Receipt 06 / 30 / 2016
Transaction ID : PR805149148640

Amount of Each Receipt this Period 416.66

Memo Item

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

C. Mr. Wayne A. Mehlman
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 Counsel, Insurance Regulation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016
Transaction ID : PR904819548640

Amount of Each Receipt this Period 50.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	503.26
TOTAL This Period (last page this line number only).....	50952.04

**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 51
<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

Full Name (Last, First, Middle Initial) A. Protective Life Corp. PAC		Date of Receipt MM / DD / YYYY 06 / 02 / 2016 Transaction ID : 72246083
Mailing Address P. O. Box 2606		Amount of Each Receipt this Period 5000.00
City Birmingham	State AL	Zip Code 35202
FEC ID number of contributing federal political committee. C C00161414		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Western-Southern Life Insurance Co. PAC		Date of Receipt MM / DD / YYYY 06 / 02 / 2016 Transaction ID : 72246084
Mailing Address 400 Broadway		Amount of Each Receipt this Period 5000.00
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C C00258228		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) c. USAA Employee PAC		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : 72246085
Mailing Address USAA Building D3W 9800 Fredericksburg Road		Amount of Each Receipt this Period 5000.00
City San Antonio	State TX	Zip Code 78288
FEC ID number of contributing federal political committee. C C00164145		<input type="checkbox"/> Memo Item
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 28 OF 51
<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

Full Name (Last, First, Middle Initial)
A. MetLife Inc. Employees' Political Participation Fund A

Mailing Address One MetLife Plaza
1095 Avenue of the Americas

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016
Transaction ID : 72246086

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Sammons Enterprises Inc. PAC

Mailing Address 5949 Sherry Lane
Suite 1900

City Dallas State TX Zip Code 75225

FEC ID number of contributing federal political committee. **C C00388777**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2016
Transaction ID : 72246144

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. The Hartford Financial Services Group, Inc. Federal PAC (AKA Hartford Advocates Fed Fund)

Mailing Address One Hartford Plaza
HO-1-11

City Hartford State CT Zip Code 06155

FEC ID number of contributing federal political committee. **C C00511444**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2016
Transaction ID : 72246738

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 29 OF 51
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Nationwide Mutual Insurance Co. Financial & Investments PAC

Mailing Address One Nationwide Plaza
1-32-301

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00406215

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 28 / 2016
Transaction ID : 72246769

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	28500.00

**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

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. The Hawkeye PAC

Mailing Address P.O. Box 156

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Political Contribution

011

Candidate Name

The Hawkeye PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : 71559107

Amount of Each Disbursement this Period

2500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Young For Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. David Young

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : 71559120

Amount of Each Disbursement this Period

1000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Political Contribution for 06/07/16 Primary

011

Candidate Name

Rep. George Holding

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2016

Transaction ID : 71559368

Amount of Each Disbursement this Period

1500.00

Memo Item
Political Contribution for 06/07/16 Primary

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

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. Alma Adams For Congress

Mailing Address P.O. Box 31473

City State Zip Code
Charlotte NC 28231

Purpose of Disbursement
Political Contribution for 06/07/16 Primary

Candidate Name

Rep. Alma Adams

Office Sought: House
 Senate
 President
State: NC District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : 71559370

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution for 06/07/16 Primary

Full Name (Last, First, Middle Initial)

B. Manchin For West Virginia

Mailing Address PO Box 5202

City State Zip Code
Charleston WV 25361

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Joe Manchin III

Office Sought: House
 Senate
 President
State: WV District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : 71559427

Amount of Each Disbursement this Period

1000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Mulvaney For Congress

Mailing Address P.O. Box 1975

City State Zip Code
Lancaster SC 29721

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Mick Mulvaney

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : 71559429

Amount of Each Disbursement this Period

1000.00

Memo Item
Political Contribution

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

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

4000.00

**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

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. Donnelly for Indiana

Mailing Address 1050 17th St, NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Sen. Joseph Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71559512

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
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

Category/
Type

Candidate Name

Sen. Jerry Moran

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71560277

Amount of Each Disbursement this Period

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71560296

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
Political Contribution

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

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. Friends Of Mazie Hirono

Mailing Address PO Box 677

City Honolulu State HI Zip Code 96809

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Mazie Hirono

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71560299

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Jason Smith For Congress

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Jason Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71560301

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. John Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

Transaction ID : 71560305

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

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

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

**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

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. Kenny Marchant For Congress

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Political Contribution

011

Candidate Name
Rep. Kenneth Marchant

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2016

Transaction ID : 71560323

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. CHC Bold PAC

Mailing Address P.O. Box 75357

City State Zip Code
Washington DC 20013

Purpose of Disbursement
Political Contribution

011

Candidate Name
CHC Bold PAC

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
06	/	23	/	2016

Transaction ID : 71800468

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. More Conservatives PAC (MCPAC)

Mailing Address 228 S Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Political Contribution

011

Candidate Name
More Conservatives PAC (MCPAC)

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
06	/	23	/	2016

Transaction ID : 71800484

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

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

12000.00

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

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. Bluegrass Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Mailing Address 228 S. Washington Street
Suite 115

Transaction ID : 71800487

City Washington State DC Zip Code 22314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Memo Item
Political Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Mailing Address 228 S. Washington Street
Suite 115

Transaction ID : 71800493

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

Citizens for Prosperity in America Today PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Memo Item
Political Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. ICE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Mailing Address P.O. Box 752

Transaction ID : 71800504

City Long Lake State MN Zip Code 55356

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

ICE PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Memo Item
Political Contribution

State: District:

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

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

11000.00

--

**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

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. Jobs, Economy and Budget Fund (JEB FUND)

Mailing Address P.O. Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
Political Contribution

011

Candidate Name

Jobs, Economy and Budget Fund (JEB FUND)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71800518

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--MC PAC

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
Political Contribution

011

Candidate Name

Majority Committee PAC--MC PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71800540

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Defend America PAC

Mailing Address P.O. Box 2626

City State Zip Code
Tuscaloosa AL 35403

Purpose of Disbursement
Political Contribution

011

Candidate Name

Defend America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71800548

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item
Political Contribution

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

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. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Political Contribution

011

Candidate Name

Making America Prosperous PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71800552

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement
Political Contribution

011

Candidate Name

Promoting Our Republican Team PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71800558

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Roy Blunt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71800597

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

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

13000.00

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

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. 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
06 / 23 / 2016

Transaction ID : 71800647

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71800752

Amount of Each Disbursement this Period

1500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City State Zip Code
Topeka KS 66601

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71801751

Amount of Each Disbursement this Period

1000.00

Memo Item
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

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. Shaheen for Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71802050

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Jeb Hensarling

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71803307

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71803836

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Memo Item
Political Contribution

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

9	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

9	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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

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. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Daniel Kildee

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71804638

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Edwin Perlmutter

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805349

Amount of Each Disbursement this Period

1000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Edwin Perlmutter

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805833

Amount of Each Disbursement this Period

5000.00

Memo Item
Political 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"/> 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

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. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City State Zip Code
Chattanooga TN 37401

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Charles Fleischmann

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805834

Amount of Each Disbursement this Period

1500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City State Zip Code
Lexington KY 40588

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Andy Barr

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805835

Amount of Each Disbursement this Period

2500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805837

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

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

6000.00

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

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71805838

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Steve Daines For Montana

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Steve Daines

Category/
Type

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71805840

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Capito For West Virginia

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Shelley Capito

Category/
Type

Office Sought: House
 Senate
 President
State: WV District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	6

Transaction ID : 71805841

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item
Political Contribution

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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

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. Friends Of John McCain Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. John McCain

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805851

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. 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
06 / 23 / 2016

Transaction ID : 71805858

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805859

Amount of Each Disbursement this Period

2000.00

Memo Item
Political 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"/> 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

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. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st Street SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Linda Sanchez

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : 71805860

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Joseph Crowley

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : 71805861

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Brad Ashford

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : 71805862

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

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

7000.00

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

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. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805864

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Mailing Address 901 SE Oak Street
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805865

Amount of Each Disbursement this Period

2500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 700 13th St NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Steny Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71805867

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

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

9500.00

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

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. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Ron Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806122

Amount of Each Disbursement this Period

1500.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Thune

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. John Thune

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806123

Amount of Each Disbursement this Period

5000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. John Boozman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806124

Amount of Each Disbursement this Period

4000.00

Memo Item
Political Contribution

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

10500.00

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

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. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Richard Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806125

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B. Ron Johnson For Senate Inc

Mailing Address 219 E Washington Ave
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. Ron Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806126

Amount of Each Disbursement this Period

3000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

C. Hoeven For Senate

Mailing Address PO Box 861

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Political Contribution

011

Candidate Name

Sen. John Hoeven

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2016

Transaction ID : 71806127

Amount of Each Disbursement this Period

2000.00

Memo Item
Political Contribution

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

7000.00

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

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. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Sen. Lisa Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 23 / 2016

Transaction ID : 71806128

Amount of Each Disbursement this Period

1000.00

Memo Item
Political Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

162000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. Friends of John Godfread

Mailing Address P.O. Box 2301

City Bismark State ND Zip Code 58502

Purpose of Disbursement
Jon Godfread, INSURANCE COMMISSIONER ND

Candidate Name
Jon Godfread

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

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 71726930

Amount of Each Disbursement this Period

Memo Item
Jon Godfread, INSURANCE COMMISSIONER ND

Full Name (Last, First, Middle Initial)

B. House GOP Leadership Fund

Mailing Address P.O. Box 10014

City Fargo State ND Zip Code 58106

Purpose of Disbursement

Candidate Name

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

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 71726947

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Jerry Klein

Mailing Address P.O. Box 265

City Fessenden State ND Zip Code 58438

Purpose of Disbursement
Jerry Klein, STATE SENATE 14th ND

Candidate Name
ND Sen. Jerry Klein

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

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 71726949

Amount of Each Disbursement this Period

Memo Item
Jerry Klein, STATE SENATE 14th ND

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

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

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. Senate GOP Caucus

Mailing Address C/O Sen. David Hogue
2525 Elk Drive

City State Zip Code
Minot ND 58701

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : 71726954

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Senate Dem/NPL Caucus

Mailing Address C/O Sen. Phil Murphy
1212 Parke Avenue

City State Zip Code
Portland ND 58274

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Transaction ID : 71726961

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of John Godfread

Mailing Address P.O. Box 2301

City State Zip Code
Bismark ND 58502

Purpose of Disbursement
Void - Friends of John Godfread - Issued 06/14/16

011

Candidate Name

Jon Godfread

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : 72028492

Amount of Each Disbursement this Period

-1000.00

Memo Item

Void - Friends of John Godfread - Issued 06/14/16

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

-350.00

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

2150.00