

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gene Patrick Berry

Mailing Address 2301 Brambleton Avenue, SW

City State Zip Code  
Roanoke VA 24015-4701

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

Name of Employer Shenandoah Life Insurance Company  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** 24202295

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert W. Clark

Mailing Address P. O. Box 12847

City State Zip Code  
Roanoke VA 24029-2847

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

Name of Employer Shenandoah Life Insurance Company  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** 24202304

Amount of Each Receipt this Period  
725.00

**C.**

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

Mailing Address 100 Court Street

City State Zip Code  
Binghamton NY 13901-3479

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

Name of Employer Security Mutual Life Insurance Company  
Occupation Chr of the Bd, President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** 24202738

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2025.00**

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