

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

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Mr. Chris C. Stroup

Mailing Address 187 Danbury Road
Riverview Building, 3rd Floor

City State Zip Code
Wilton CT 06897-4122

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

Name of Employer Occupation
Wilton Reassurance Company Chairman & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

Transaction ID: 31915412

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Bigsby

Mailing Address 1027 Belmont Drive

City State Zip Code
Kennedale TX 76060-5617

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

Name of Employer Occupation
National Farm Life Insurance Senior Vice President & Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: 31915415

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr Jerry D Davis

Mailing Address 7224 Massey Road

City State Zip Code
Granbury TX 76049-2230

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

Name of Employer Occupation
National Farm Life Insurance President & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Transaction ID: 31915417

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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