

# 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 / 33
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Roger N. Levy		Date of Receipt
	Mailing Address 11201 Robert Carter Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 5 / 2 0 1 1
	City	State	Zip Code
	Fairfax Station	VA	22039-1326
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 39618101
Name of Employer Genworth Financial		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen M. Batza		Date of Receipt
	Mailing Address 605 Fox Glen Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 4 / 2 0 1 1
	City	State	Zip Code
	Saint Charles	IL	60174-8807
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 39618168
Name of Employer MTL Insurance Company		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Thomas E. Henning, CLU		Date of Receipt
	Mailing Address 200 Centennial Mall North		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 1 1
	City	State	Zip Code
	Lincoln	NE	68508-1618
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 39618193
Name of Employer Assurity Security Group, Inc.		Occupation President & CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>