

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<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	

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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. Stephen P. Horvat, Jr.

Mailing Address One Franklin Square

City State Zip Code  
Springfield IL 62713-0002

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

Name of Employer Occupation  
Midland National Life Insurance Company Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: 19848678

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven C. Palmitier

Mailing Address 1800 W. Sunflower Circle

City State Zip Code  
Sioux Falls SD 57108-2882

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

Name of Employer Occupation  
Midland National Life Insurance Company President & Chief Operating Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: 19848696

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William R. Schmeckle

Mailing Address P. O. Box 82248

City State Zip Code  
Lincoln NE 68501-2248

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

Name of Employer Occupation  
Security Mutual Life Insurance Company Second Vice President-Mortgage Investment

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19858094

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	