

**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 11 / 31
	<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)  
Mr. Michael A. Merriman

Mailing Address 300 West 11th Street

City State Zip Code  
Kansas City MO 64105-1618

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

Name of Employer Occupation  
Americo Life Insurance Company Chairman of the Board

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** 17374610

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Laplant

Mailing Address 5604 W. 147th Place

City State Zip Code  
Overland Park KS 66223-1171

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

Name of Employer Occupation  
Americo Vice President, Technology

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** 17374611

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arthur F. Ryan

Mailing Address 751 Broad Street

City State Zip Code  
Newark NJ 07102-3714

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

Name of Employer Occupation  
Prudential Insurance Company of America Chr of the Bd & CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 6

**Transaction ID:** 17380969

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	