SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 30
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Council of Life Insurers PAC

A.
Full Name (Last, First, Middle Initial)
Debra K. West

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City: Washington
State: DC
Zip Code: 20001

FEC ID number of contributing federal political committee: C

Name of Employer: American Council of Life Insurers
Occupation: Senior Counsel & Director, Southern Re

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 06 30 2004
Transaction ID: R19214
Amount of Each Receipt this Period: 100.00
Payroll Deduction

B.
Full Name (Last, First, Middle Initial)
Mr. George R. Zippel

Mailing Address 700 Main Street

City: Lynchburg
State: VA
Zip Code: 24504-1412

FEC ID number of contributing federal political committee: C

Name of Employer: First Colony Life Insurance Company
Occupation: President & CEO

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 06 07 2004
Transaction ID: R19146
Amount of Each Receipt this Period: 500.00
Check

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

TOTAL This Period (last page this line number only) ..... ▶ 7578.10