

**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 7 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Ms. Barbara E. Bey

Mailing Address
1001 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
180.96

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Vice President, Public Affairs Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1346.72

Transaction ID: R16780

Full Name (Last, First, Middle Initial)
B. Mr. John H. Biggs

Mailing Address
730 Third Avenue
City: New York State: NY Zip Code: 10017-3206

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2002

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer: Teachers Insurance and Annuity Associa Occupation: Chr, President & CEO Check

Receipt For: 2002 Primary General Other (specify) ▼ X Aggregate Year-to-Date ▼ 5000.00

Transaction ID: R16703

Full Name (Last, First, Middle Initial)
C. Ms. Cathleen Brady

Mailing Address
1001 Pennsylvania Avenue, NW Suite 500 South
City: Washington State: DC Zip Code: 20004-2599

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2002

Amount of Each Receipt this Period
28.18

FEC ID number of contributing federal political committee.

Name of Employer: American Council of Life Insurance Occupation: Counsel Manual Deduction

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.20

Transaction ID: R16804

SUBTOTAL of Receipts This Page (optional) ▶ **5209.14**

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