

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 12
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Mr. Hayne Hipp P. O. Box 788 Greenville SC 29602-0788	Name of Employer Liberty Life Insurance	Date (month, day, year) 11/11/1998	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Jerald E. Sourdif 825 Fourth Avenue South Minneapolis MN 55415-1824	Name of Employer Lutheran Brotherhood	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period 150.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Bruce J. Nicholson 9607 Briar Circle Bloomington MN 55437	Name of Employer Lutheran Brotherhood	Date (month, day, year) 11/24/1998	Amount of Each Receipt this Period 500.00
	Occupation Executive VP and Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara E. Bey Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 159.08
	Occupation Vice President, Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1745.12		
Full Name, Mailing Address, and ZIP Code Mr. Stanton L. Cole Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 50.00
	Occupation Actuary		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Ms. Jeanne E. Hoernicke Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1999	Amount of Each Receipt this Period 178.48
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1829.79		
Full Name, Mailing Address, and ZIP Code Mr. Gary E. Hughes Washington DC 20004-2599	Name of Employer American Council of Life Insurance	Date (month, day, year) 11/30/1998	Amount of Each Receipt this Period 202.86
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2220.54		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			