

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilken, David, , ,

Mailing Address 132 E Center St

City
Des Moines

State
IA

Zip Code
50309-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Atlantic Life and Annuity

Occupation (for Individual)
President - Traditional Life

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : 81378119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hecht, Jonathan, , Mr.,

Mailing Address 255 Lyncroft Rd

City
New Rochelle

State
NY

Zip Code
10804-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Atlantic Life and Annuity

Occupation (for Individual)
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : 81378120

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Galda, April, E, ,

Mailing Address P.O. Box 118

City
Rye

State
NH

Zip Code
03870-0118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Global Atlantic Life and Annuity

Occupation (for Individual)
Co-Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2019

Transaction ID : 81378122

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00