

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

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

FOR LINE NUMBER: PAGE 23 OF 47

(check only one)

☒ 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. Dolan, John F., , Mr.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR771365468072**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

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

**B. Ferguson, J. Bruce, , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3946.36

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR771373268072**

Amount of Each Receipt this Period

358.76

☐ Memo Item

P/R Deduction (\$179.38 Semi-Monthly)

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

**C. Leifer, David M., , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President & Associate General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2277.89

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR771374068072**

Amount of Each Receipt this Period

207.08

☐ Memo Item

P/R Deduction (\$103.54 Semi-Monthly)

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

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

605.84