

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. Turner, David C., , Mr.,

Mailing Address 101 Constitution Ave, NW
Suite 700

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)

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2011.75

Date of Receipt

MM / DD / YYYY
05 / 31 / 2019

Transaction ID : PR771428965934

Amount of Each Receipt this Period

407.08

☐ Memo Item

P/R Deduction (\$203.54 Semi-Monthly)

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

B. Dent, Alane R., , Ms.,

Mailing Address 101 Constitution Ave, NW
Suite 700

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, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.69

Date of Receipt

MM / DD / YYYY
05 / 31 / 2019

Transaction ID : PR771444365934

Amount of Each Receipt this Period

292.34

☐ Memo Item

P/R Deduction (\$146.17 Semi-Monthly)

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

C. Melnyk, Andrew M., , Mr.,

Mailing Address 101 Constitution Avenue NW
Suite 700

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)

Managing Director, Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.50

Date of Receipt

MM / DD / YYYY
05 / 31 / 2019

Transaction ID : PR771445865934

Amount of Each Receipt this Period

50.30

☐ Memo Item

P/R Deduction (\$25.15 Semi-Monthly)

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

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

749.72