

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

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

FOR LINE NUMBER: PAGE 18 OF 22

(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. 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 ▼

2029.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : PR771444366789

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

**B. Dixon, Thomas Scott, , 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)  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : PR771444966789

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

**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 ▼

352.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2019

Transaction ID : PR771445866789

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).....▶

382.64