

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

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

FOR LINE NUMBER: PAGE 8 OF 13

(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. Meyer, Joyce Y., , ,

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, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : PR258522864760

Amount of Each Receipt this Period

416.64

☐ Memo Item

P/R Deduction (\$208.32 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 ▼

717.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : PR771373264760

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 ▼

414.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 28 / 2019

Transaction ID : PR771374064760

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).....▶

982.48