

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

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

FOR LINE NUMBER: PAGE 21 OF 50

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 ▼

1737.03

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR771444366429

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR771444966429

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 ▼

301.80

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : PR771445866429

Amount of Each Receipt this Period

50.30

☐ Memo Item

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

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

382.64

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