

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

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

FOR LINE NUMBER: PAGE 9 OF 30

(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. 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 ▼

742.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR771373269546

Amount of Each Receipt this Period

371.26

☐ Memo Item

P/R Deduction (\$185.63 Semi-Monthly)

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

B. 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 ▼

426.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR771374069546

Amount of Each Receipt this Period

213.34

☐ Memo Item

P/R Deduction (\$106.67 Semi-Monthly)

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

c. Mangan, John W., , Mr., CEBS

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)

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR771377169546

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$105.00 Semi-Monthly)

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

794.60

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