

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 30
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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 700City
WashingtonState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Council of Life InsurersOccupation (for Individual)
EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.68

Date of Receipt

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

Transaction ID : PR771428969546

Amount of Each Receipt this Period

428.34

☐ Memo Item

P/R Deduction (\$214.17 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 700City
WashingtonState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Council of Life InsurersOccupation (for Individual)
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.17

Date of Receipt

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

Transaction ID : PR771444369546

Amount of Each Receipt this Period

301.08

☐ Memo Item

P/R Deduction (\$150.54 Semi-Monthly)

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

729.42

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

15517.58