

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 27

(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 ▼

3587.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : PR771373267817

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

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 ▼

2070.81

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : PR771374067817

Amount of Each Receipt this Period

207.08

☐ Memo Item

P/R Deduction (\$103.54 Semi-Monthly)

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

C. Hall, James D., , 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)

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019

Transaction ID : PR771374367817

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

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

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

595.84