

# **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 34

(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. Mathas, Ted, , ,**

Mailing Address 8 Carriage Triangle

City  
TarrytownState  
NYZip Code  
10591FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York LifeOccupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : 79739092

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. Wilken, David, , ,**

Mailing Address 4265 Foxberry Ct

City  
MedinaState  
MNZip Code  
55340-9390FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Global Atlantic Life and AnnuityOccupation (for Individual)  
President - Traditional Life

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : 79740401

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Walker, Donald L., , 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)  
SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2019

Transaction ID : PR1156427165197

Amount of Each Receipt this Period

208.58

☐ Memo Item

P/R Deduction (\$104.29 Semi-Monthly)

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

6208.58

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