

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. 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 ▼

860.01

Date of Receipt

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

Transaction ID : PR771444365197

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. Spiezio, Julie A., , Ms.,

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)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : PR771449665197

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 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 / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

392.34

31670.24