

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

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

FOR LINE NUMBER: PAGE 18 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jackson Holdings LLC and Jackson National Life Insurance Company Separate Segregated Fund (Jackson National PAC)

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

A. Nerud, Mark D, , ,

Mailing Address 1 Corporate Way

City
Lansing

State
MI

Zip Code
48951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson National Life Insurance

Occupation (for Individual)
President & CEO JNAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2019

Transaction ID : A2019-111289

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

B. Nerud, Mark D, , ,

Mailing Address 1 Corporate Way

City
Lansing

State
MI

Zip Code
48951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson National Life Insurance

Occupation (for Individual)
President & CEO JNAM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2019

Transaction ID : A2019-111596

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

C. Nicolarsen, Brian S, , ,

Mailing Address 1 Corporate Way

City
Lansing

State
MI

Zip Code
48951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson National Life Insurance

Occupation (for Individual)
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2019

Transaction ID : A2019-111226

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

576.90