

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

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

FOR LINE NUMBER: PAGE 22 OF 31

(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. Lewis, Kynondo, , Mr.,

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)
Legal Editor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.93

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR77143968697

Amount of Each Receipt this Period

31.66

☐ Memo Item

P/R Deduction (\$15.83 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 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 ▼

3491.07

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR771444368697

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

C. Dixon, Thomas Scott, , 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)
Finance Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : PR771444968697

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

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

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

364.00