

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

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

FOR LINE NUMBER: PAGE 48 OF 335

(check only one)

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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

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

A. McConathy, Thomas L., , Mr.,

Mailing Address 9908 Highway 965

City

St. Francisville

State

LA

Zip Code

70775-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2018

Transaction ID : PR146919031

Amount of Each Receipt this Period

76.94

☐ Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

B. Faulk, Daniel J., , Mr.,

Mailing Address 16269 Woodland Trail

City

Baton Rouge

State

LA

Zip Code

70817-3189

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2018

Transaction ID : PR147019031

Amount of Each Receipt this Period

41.67

☐ Memo Item

P/R Deduction (\$41.67 Monthly)

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

C. Davenport, Kathleen, , Ms.,

Mailing Address 1337 Huron Avenue

City

Metairie

State

LA

Zip Code

70005-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2018

Transaction ID : PR147619031

Amount of Each Receipt this Period

108.00

☐ Memo Item

P/R Deduction (\$108.00 Monthly)

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

226.61

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