

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

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

FOR LINE NUMBER: PAGE 11 OF 93

(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)

New York Life Insurance Company Political Action Committee

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

A. Meier, Steven D., , Mr.,

Mailing Address 4575 Lanercost Way

City
Columbus

State
OH

Zip Code
43220-2916

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR118021048

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

B. Vahala, Mark, , Mr.,

Mailing Address 500 Cedar Elm Court

City
Irving

State
TX

Zip Code
75063-8467

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR120621048

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

C. Perry, Steven C., , Mr.,

Mailing Address 1404 Knight Avenue

City
Wolfforth

State
TX

Zip Code
79382-3279

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 ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR12071821048

Amount of Each Receipt this Period

230.76

☐ Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

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

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

605.76