

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

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

FOR LINE NUMBER: PAGE 90 OF 325

(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. Hellyer Jr., Jesse K., , Mr.,

Mailing Address PO Box 931

City
WaverlyState
VAZip Code
23890-0931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR2122019158

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

B. Horstmann, John E., , Mr.,

Mailing Address 7684 N Kincaid Avenue

City
FresnoState
CAZip Code
93711-0363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR212219158

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

C. Ryan, Thomas B., , Mr.,

Mailing Address 1303 Meadow Lane

City
BerwynState
PAZip Code
19312-1971FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : PR2122219158

Amount of Each Receipt this Period

41.67

☐ Memo Item

P/R Deduction (\$41.67 Monthly)

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

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

191.67