

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

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

FOR LINE NUMBER: PAGE 65 OF 111

(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. Steele, Joel I., , Mr.,

Mailing Address 22 Belmont Circle

City
Columbus

State
NJ

Zip Code
08022-9714

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 / 29 / 2020

Transaction ID : PR7070022909

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

B. Demarie, III, Philbert J., , Mr.,

Mailing Address 15109 Brewster Road

City
Covington

State
LA

Zip Code
70433-6810

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR7070922909

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$200.00 Monthly)

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

C. Van Winkle, William, , Mr.,

Mailing Address 41 Breezy Point Road

City
Little Silver

State
NJ

Zip Code
07739-1703

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 / 29 / 2020

Transaction ID : PR71722909

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

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

700.00