

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

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

FOR LINE NUMBER: PAGE 66 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. Gisonda, Michael, , Mr.,**

Mailing Address 4565 Northwest 24th Way

City

Boca Raton

State

FL

Zip Code

33431-8435

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 ▼

333.34

Date of Receipt

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

Transaction ID : PR7175422909

Amount of Each Receipt this Period

166.67

☐ Memo Item

P/R Deduction (\$166.67 Monthly)

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

**B. Varsa, Jeffrey, , Mr.,**

Mailing Address 300 2nd Avenue Unit 3132

City

Needham

State

MA

Zip Code

02494-2942

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 : PR7251822909

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. Ferris, Matthew S., , Mr.,**

Mailing Address 100 Countryside Road Northwest

City

New Philadelphia

State

OH

Zip Code

44663-1327

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 : PR7252622909

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

666.67

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