

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

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

FOR LINE NUMBER: PAGE 78 OF 111

(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. Gentile, Rosanne S., , Ms.,**

Mailing Address 6631 Wakefield Drive Apt. 217

City  
Alexandria

State  
VA

Zip Code  
22307-6844

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 ▼

216.00

Date of Receipt

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

**Transaction ID : PR91722909**

Amount of Each Receipt this Period

108.00

☐ Memo Item

P/R Deduction (\$108.00 Monthly)

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

**B. Parker Jr., Gordon E., , Mr.,**

Mailing Address 422 Discovery Road

City

Virginia Beach

State

VA

Zip Code

23451-2157

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 : PR91822909**

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

**C. Damon, Michael T., , Mr.,**

Mailing Address 3 Newton Lane

City

Medway

State

MA

Zip Code

02053-6161

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 : PR9211422909**

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)..... ►

524.67