

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Ryan, Thomas B., , Mr.,**

Mailing Address 1303 Meadow Lane

City  
Berwyn

State  
PA

Zip Code  
19312-1971

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : PR2122220722**

Amount of Each Receipt this Period

41.67

☐ Memo Item

P/R Deduction (\$41.67 Monthly)

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

**B. Mathas, Thomas E., , Mr.,**

Mailing Address 1336 Cornwall Place

City  
Norfolk

State  
VA

Zip Code  
23508-1108

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : PR2122820722**

Amount of Each Receipt this Period

62.50

☐ Memo Item

P/R Deduction (\$62.50 Monthly)

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

**C. Hale, Joseph L., , Mr.,**

Mailing Address 233 Crestview Avenue

City  
Vinton

State  
VA

Zip Code  
24179-2511

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2018

**Transaction ID : PR2122920722**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

129.17