

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

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

FOR LINE NUMBER: PAGE 82 OF 544

(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. McConathy, Thomas L., , Mr.,**

Mailing Address 9908 Highway 965

City

St. Francisville

State

LA

Zip Code

70775-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Managing Partner

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2538.58

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

Transaction ID : PR146917772

Amount of Each Receipt this Period

230.78

☐ Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

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

**B. Faulk, Daniel J., , Mr.,**

Mailing Address 16269 Woodland Trail Avenue

City

Baton Rouge

State

LA

Zip Code

70817-3189

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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

Transaction ID : PR147017772

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

**C. Davenport, Kathleen, , Ms.,**

Mailing Address 1337 Huron Avenue

City

Metairie

State

LA

Zip Code

70005-1233

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  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

Transaction ID : PR147617772

Amount of Each Receipt this Period

108.00

☐ Memo Item

P/R Deduction (\$108.00 Monthly)

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

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

380.45