

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

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

FOR LINE NUMBER: PAGE 12 OF 63

(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. Coats, Jerry D., , Mr.,

Mailing Address 165 Pebble Beach Drive

City  
Little Rock

State  
AR

Zip Code  
72212-2645

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : PR145618486

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. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : PR146918486

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

C. Fitzgerald, Tim C., , Mr.,

Mailing Address 12086 Ellerbe Road

City

Shreveport

State

LA

Zip Code

71115-9568

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 ▼

416.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 31 / 2018

Transaction ID : PR149418486

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

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

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

897.44