

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. Kittelson, John E., , Mr.,

Mailing Address 111 W 17th Street Apt. 238

City
Sioux Falls

State
SD

Zip Code
57104-4962

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 ▼

229.24

Date of Receipt

11 / 30 / 2019

Transaction ID : PR181522435

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$20.84 Monthly)

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

B. Cronin, James J., , Mr.,

Mailing Address 4201 S Locust Drive #3
PO Box 91348

City
Sioux Falls

State
SD

Zip Code
57109-1348

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 ▼

275.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR181822435

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

C. Blanchard, Greg., , Mr.,

Mailing Address 4720 W 127th Place

City
Broomfield

State
CO

Zip Code
80020-5737

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 ▼

916.74

Date of Receipt

11 / 30 / 2019

Transaction ID : PR182322435

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$83.34 Monthly)

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

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

129.18