

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. Johnson, Peter J., , Mr.,

Mailing Address 78 Townline Road

City
Grand Isle

State
VT

Zip Code
05458-2562

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 : PR2114922435

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

B. Price, Hillary K., , Ms.,

Mailing Address 6 Kesseler Way

City
Chestnut Hill

State
MA

Zip Code
02467-2659

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 ▼

546.37

Date of Receipt

11 / 30 / 2019

Transaction ID : PR2115522435

Amount of Each Receipt this Period

49.67

☐ Memo Item

P/R Deduction (\$49.67 Monthly)

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

C. Byrne, Kevin A., , Mr.,

Mailing Address 7716 Evers Boulevard

City
Cheyenne

State
WY

Zip Code
82009-5920

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 ▼

550.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR2115922435

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

124.67