

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

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

FOR LINE NUMBER: PAGE 141 OF 601

(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. Kaplan, Lori L., Ms.,**

Mailing Address 1812 Beaconwood Avenue

City

South Euclid

State

OH

Zip Code

44121-3782

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 ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2019

**Transaction ID : PR2120722435**

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. Lobaugh, Phillip, Mr.,**

Mailing Address 2657 Airport Road

City

Chambersburg

State

PA

Zip Code

17201-7887

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2019

**Transaction ID : PR2121222435**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

**C. Weller, Ronnie D., Mr.,**

Mailing Address 723 Whig Hill Road

City

Tionesta

State

PA

Zip Code

16353-8046

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 ▼

2420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2019

**Transaction ID : PR2121322435**

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$220.00 Monthly)

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

291.67

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