

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 601
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Palani, Annamalai, , Mr.,

Mailing Address 5837 Corte Mente

City
PleasantonState
CAZip Code
94566-5872FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.63

Date of Receipt

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

Transaction ID : PR2138422435

Amount of Each Receipt this Period

58.33

☐ Memo Item

P/R Deduction (\$58.33 Monthly)

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

B. Takao, Eric K., , Mr.,

Mailing Address 752 Pahumele Place

City
KailuaState
HIZip Code
96734-3513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

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

Transaction ID : PR2138622435

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$416.66 Monthly)

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

C. Simons, John K., , Mr.,

Mailing Address 808 Thoroughbred Drive

City
ArtesiaState
NMZip Code
88210-9373FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : PR2138722435

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

524.99

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