

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

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

FOR LINE NUMBER: PAGE 163 OF 601

(check only one)

☒ 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. Triplett, Raymond J., , Mr.,**

Mailing Address 16171 Hillvale Avenue

City

Monte Sereno

State

CA

Zip Code

95030-4159

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 ▼

2750.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR217222435**

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. Gee, Lester A., , Mr.,**

Mailing Address 300 3rd Street Apt. 1512

City

San Francisco

State

CA

Zip Code

94107-1259

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 : PR217422435**

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. Smaldino, Nicholas J., , Mr.,**

Mailing Address 664 Meridian Avenue

City

Madera

State

CA

Zip Code

93636-8917

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

11 / 30 / 2019

**Transaction ID : PR218122435**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

305.00