

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

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

FOR LINE NUMBER: PAGE 254 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. Robinson, Thomas, , Mr.,

Mailing Address 6237 Overbrook Lane

City
Houston

State
TX

Zip Code
77057-4411

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

11 / 30 / 2019

Transaction ID : PR403584622435

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. Olson, Mark D., , Mr.,

Mailing Address 7005 Daugherty Street

City
Austin

State
TX

Zip Code
78757-2115

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 ▼

641.63

Date of Receipt

11 / 30 / 2019

Transaction ID : PR403589622435

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

C. Jackson, Ronald, , Mr.,

Mailing Address 723 W Hillcrest Avenue

City
Dayton

State
OH

Zip Code
45406-1945

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 ▼

320.84

Date of Receipt

11 / 30 / 2019

Transaction ID : PR403602022435

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)..... ►

130.00