

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

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

FOR LINE NUMBER: PAGE 505 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. D'Agostino, Naomi R., , Ms.,**

Mailing Address 2521 Revere Drive

City  
Akron

State  
OH

Zip Code  
44333-2333

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 ▼

229.24

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR9206822435**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$20.84 Monthly)

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

**B. Stimpson, Celestina L., , Ms.,**

Mailing Address 1725 York Avenue Apt. 14D

City  
New York

State  
NY

Zip Code  
10128-7821

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 ▼

229.24

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR9207722435**

Amount of Each Receipt this Period

20.84

☐ Memo Item

P/R Deduction (\$20.84 Monthly)

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

**C. Damon, Michael T., , Mr.,**

Mailing Address 3 Newton Lane

City  
Medway

State  
MA

Zip Code  
02053-6161

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 : PR9211422435**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

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

291.68