

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

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

FOR LINE NUMBER: PAGE 531 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. Hall, Michael T., , Mr.,**

Mailing Address 994 Bamburgh Drive

City  
Maineville

State  
OH

Zip Code  
45039-7403

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 : PR9449122435**

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. Hall, Susan J., , Ms.,**

Mailing Address 2712 Riverbed Lane

City  
Akron

State  
OH

Zip Code  
44312-5949

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 : PR9449822435**

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. Halpern, Sidney G., , Mr.,**

Mailing Address 8 Pebblebrook Lane

City  
Moreland Hills

State  
OH

Zip Code  
44022-2380

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 ▼

1100.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR9450822435**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

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

141.68