

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

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

FOR LINE NUMBER: PAGE 571 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. Perrotti, Jennine M., , Ms.,

Mailing Address 28 Hickory Hill Road

City
Eastchester

State
NY

Zip Code
10709-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance Company

Occupation (for Individual)
Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.76

Date of Receipt

11 / 30 / 2019

Transaction ID : PR9843022435

Amount of Each Receipt this Period

38.48

☐ Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

B. Mersol, Joe M., , Mr.,

Mailing Address 9647 Struthers Road

City

New Middletwn

State

OH

Zip Code

44442-8781

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 ▼

550.00

Date of Receipt

11 / 30 / 2019

Transaction ID : PR9844222435

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

C. Meyn, John P., , Mr.,

Mailing Address 19452 Goin Lane

City

Sonoma

State

CA

Zip Code

95476-6341

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 : PR9847722435

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

113.48