

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

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

FOR LINE NUMBER: PAGE 68 OF 313

(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. Goodman, Charmaine L., , Ms.,

Mailing Address 8100 Strecker Lane

City
PlanoState
TXZip Code
75025-4349FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Corporate Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR195521388

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. Glass, John, , Mr.,

Mailing Address 6174 N Paradise View Drive

City

Paradise Valley

State

AZ

Zip Code

85253-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR195721388

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

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

c. Christensen, Jan, , Mr.,

Mailing Address 2356 E Bear Hills Drive

City

Draper

State

UT

Zip Code

84020-9672

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : PR197121388

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).....▶

438.48