

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

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

FOR LINE NUMBER: PAGE 83 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Madgett, Mark J., , Mr.,**

Mailing Address 5 Renaissance Square  
Apt. 12A

City  
White Plains

State  
NY

Zip Code  
10601-3044

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Svp & Head of Agency

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2019

Transaction ID : PR4489521151

Amount of Each Receipt this Period

346.17

☐ Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

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

**B. McKinney, Jerry B., , Mr.,**

Mailing Address 6038 Whispering Lakes Drive

City  
Katy

State  
TX

Zip Code  
77493-2282

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.73

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2019

Transaction ID : PR4489621151

Amount of Each Receipt this Period

346.17

☐ Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

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

**C. Ghazal, Roland, , Mr.,**

Mailing Address 2550 Lorinda

City  
West Linn

State  
OR

Zip Code  
97068-3656

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

538.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2019

Transaction ID : PR4489721151

Amount of Each Receipt this Period

230.79

☐ Memo Item

P/R Deduction (\$76.93 Bi-Weekly)

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

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

923.13