

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

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

FOR LINE NUMBER: PAGE 58 OF 377

(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. McConathy, Thomas L., , Mr.,

Mailing Address 9908 Highway 965

City
St. Francisville

State
LA

Zip Code
70775-4116

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 ▼

1000.14

Date of Receipt

08 / 31 / 2018

Transaction ID : PR146919588

Amount of Each Receipt this Period

115.41

☐ Memo Item

P/R Deduction (\$38.47 Bi-Weekly)

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

B. Faulk, Daniel J., , Mr.,

Mailing Address 16269 Woodland Trail

City
Baton Rouge

State
LA

Zip Code
70817-3189

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 ▼

333.36

Date of Receipt

08 / 31 / 2018

Transaction ID : PR147019588

Amount of Each Receipt this Period

41.67

☐ Memo Item

P/R Deduction (\$41.67 Monthly)

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

C. Davenport, Kathleen, , Ms.,

Mailing Address 1337 Huron Avenue

City
Metairie

State
LA

Zip Code
70005-1233

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 ▼

864.00

Date of Receipt

08 / 31 / 2018

Transaction ID : PR147619588

Amount of Each Receipt this Period

108.00

☐ Memo Item

P/R Deduction (\$108.00 Monthly)

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

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

265.08