

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

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

FOR LINE NUMBER:
(check only one)

PAGE 136 OF 577

☒ 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. Ditorrice, Joseph L., , Mr.,

Mailing Address 106 Ridgeview Drive

City
Belle Mead

State
NJ

Zip Code
08502-5513

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 ▼

208.40

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2120422325

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. Kaplan, Lori L., , Ms.,

Mailing Address 1812 Beaconwood Avenue

City
South Euclid

State
OH

Zip Code
44121-3782

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 ▼

416.70

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2120722325

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. Lobaugh, Phillip, , Mr.,

Mailing Address 2657 Airport Road

City
Chambersburg

State
PA

Zip Code
17201-7887

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 ▼

300.00

Date of Receipt

10 / 31 / 2019

Transaction ID : PR2121222325

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

92.51