

# **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)

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☒ 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. Bond, E. Jay, , Mr.,**

Mailing Address 6670 E Green Lake Way N

City  
Seattle

State  
WA

Zip Code  
98103-5419

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 ▼

1666.70

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR2135722325**

Amount of Each Receipt this Period

166.67

☐ Memo Item

P/R Deduction (\$166.67 Monthly)

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

**B. Saxon, Tom, , Mr.,**

Mailing Address 7712 173rd Street Southwest

City  
Edmonds

State  
WA

Zip Code  
98026-5018

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 ▼

280.00

Date of Receipt

10 / 31 / 2019

**Transaction ID : PR2135822325**

Amount of Each Receipt this Period

28.00

☐ Memo Item

P/R Deduction (\$28.00 Monthly)

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

**C. Wallace, Richard S., , Mr.,**

Mailing Address 3025 Eagles Claw Avenue Northwest

City  
Salem

State  
OR

Zip Code  
97304-4224

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 : PR2136022325**

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)..... ►

224.67