

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

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

FOR LINE NUMBER: PAGE 225 OF 600

(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. Gao, Juwen K., , Mr.,

Mailing Address 421 Van Dyke Street

City
Ridgewood

State
NJ

Zip Code
07450-1208

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Vp & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

12 / 31 / 2019

Transaction ID : PR363771722538

Amount of Each Receipt this Period

19.24

☐ Memo Item

P/R Deduction (\$9.62 Bi-Weekly)

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

B. Webb, Amanda, , Ms.,

Mailing Address 26214 Sunny Meadows

City
San Antonio

State
TX

Zip Code
78260-5379

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

12 / 31 / 2019

Transaction ID : PR363787922538

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

C. Artery, Jeran B., , Mr.,

Mailing Address 209 W 1st Avenue

City
Cheyenne

State
WY

Zip Code
82001-1201

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 ▼

1800.00

Date of Receipt

12 / 31 / 2019

Transaction ID : PR363811022538

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

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

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

194.24