

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

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

FOR LINE NUMBER: PAGE 11 OF 352

(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. Robinson, Donald L., , Mr.,

Mailing Address 36 Longview Avenue

City  
MadisonState  
NJZip Code  
07940-1747FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance CompanyOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2017

Transaction ID : PR10100817251

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

B. Robison, Rory C., , Mr.,

Mailing Address 2103 Brookhaven Way

City  
EugeneState  
ORZip Code  
97401-2335FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance CompanyOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2017

Transaction ID : PR10102817251

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. Rogers, Richard, , Mr.,

Mailing Address 16 Stuyvesant Oval  
8CCity  
New YorkState  
NYZip Code  
10009-2240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Life Insurance CompanyOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

207.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2017

Transaction ID : PR10110517251

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$13.62 Bi-Weekly)

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

113.34

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