

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 324  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Horstmann, John E., , Mr.,**

Mailing Address 7684 N Kincaid Avenue

City  
FresnoState  
CAZip Code  
93711-0363FEC 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 ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR212216763**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

**B. Ryan, Thomas B., , Mr.,**

Mailing Address 1303 Meadow Lane

City  
BerwynState  
PAZip Code  
19312-1971FEC 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 ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR2122216763**

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. Mathas, Thomas E., , Mr.,**

Mailing Address 1336 Cornwall Place

City  
NorfolkState  
VAZip Code  
23508-1108FEC 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 ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR2122816763**

Amount of Each Receipt this Period

62.50

☐ Memo Item

P/R Deduction (\$62.50 Monthly)

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

204.17

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