

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 296  
(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)

National Association of Insurance and Financial Advisors Political Action Comm

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

**A. Ostberg, Robert, K., Mr.,**

Mailing Address 48 Greenleaf Dr

City  
NorthamptonState  
MAZip Code  
01062-9768FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York LifeOccupation (for Individual)  
AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2019

Transaction ID : 17289494

Amount of Each Receipt this Period

17.00

☐ Memo Item

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

**B. Mulqueen, Kevin, J., Mr.,**

Mailing Address 41 Silo Ln

City  
MiddletownState  
NYZip Code  
10940-2603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York LifeOccupation (for Individual)  
Registered Rep.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2019

Transaction ID : 17289495

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Thol, Jeffrey, E., Mr.,**

Mailing Address 736 High St

City  
HonesdaleState  
PAZip Code  
18431-1738FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York LifeOccupation (for Individual)  
Agent Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2019

Transaction ID : 17289501

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

72.00

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