

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. Sculler, Joseph B., , Mr.,

Mailing Address 17117 Stare Street

City
Northridge

State
CA

Zip Code
91325-1648

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 ▼

208.00

Date of Receipt

08 / 31 / 2019

Transaction ID : PR118521985

Amount of Each Receipt this Period

26.00

☐ Memo Item

P/R Deduction (\$26.00 Monthly)

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

B. Spector, Janet B., , Ms.,

Mailing Address 802 Lakeglen Drive

City
Suwanee

State
GA

Zip Code
30024-3464

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 ▼

208.00

Date of Receipt

08 / 31 / 2019

Transaction ID : PR118921985

Amount of Each Receipt this Period

26.00

☐ Memo Item

P/R Deduction (\$26.00 Monthly)

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

C. Vahala, Mark, , Mr.,

Mailing Address 500 Cedar Elm Court

City
Irving

State
TX

Zip Code
75063-8467

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 ▼

2000.00

Date of Receipt

08 / 31 / 2019

Transaction ID : PR120621985

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

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

302.00