

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

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

FOR LINE NUMBER: PAGE 83 OF 368

(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. Glass, John, , Mr.,

Mailing Address 6174 N Paradise View Drive

City
Paradise Valley

State
AZ

Zip Code
85253-3816

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 ▼

1200.00

Date of Receipt

08 / 31 / 2019

Transaction ID : PR195721985

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$150.00 Monthly)

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

B. Christensen, Jan, , Mr.,

Mailing Address 2356 E Bear Hills Drive

City
Draper

State
UT

Zip Code
84020-9672

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 : PR197121985

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

C. Del Mastro, Donna L., , Ms.,

Mailing Address 517 N Lucia Avenue Unit B

City
Redondo Beach

State
CA

Zip Code
90277-3009

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 ▼

277.28

Date of Receipt

08 / 31 / 2019

Transaction ID : PR197521985

Amount of Each Receipt this Period

34.66

☐ Memo Item

P/R Deduction (\$34.66 Monthly)

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

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

434.66