

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

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

FOR LINE NUMBER: PAGE 96 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. Morantes, Guillermo P., , Mr.,**

Mailing Address 2019 Menalto Avenue

City  
Menlo Park

State  
CA

Zip Code  
94025-2658

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 : PR212021985**

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. Kaplan, Lori L., , Ms.,**

Mailing Address 1812 Beaconwood Avenue

City  
South Euclid

State  
OH

Zip Code  
44121-3782

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 ▼

333.36

Date of Receipt

08 / 31 / 2019

**Transaction ID : PR2120721985**

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. Lobaugh, Phillip, , Mr.,**

Mailing Address 2657 Airport Road

City  
Chambersburg

State  
PA

Zip Code  
17201-7887

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 ▼

240.00

Date of Receipt

08 / 31 / 2019

**Transaction ID : PR2121221985**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

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

97.67