

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 105 OF 368  
(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. Bond, E. Jay, , Mr.,**

Mailing Address 6670 E Green Lake Way N

City  
SeattleState  
WAZip Code  
98103-5419FEC 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 ▼

1333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	31	/	2019

**Transaction ID : PR2135721985**

Amount of Each Receipt this Period

166.67

☐ Memo Item

P/R Deduction (\$166.67 Monthly)

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

**B. Saxon, Tom, , Mr.,**

Mailing Address 7712 173rd Street Southwest

City  
EdmondsState  
WAZip Code  
98026-5018FEC 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 ▼

224.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	31	/	2019

**Transaction ID : PR2135821985**

Amount of Each Receipt this Period

28.00

☐ Memo Item

P/R Deduction (\$28.00 Monthly)

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

**C. Wallace, Richard S., , Mr.,**

Mailing Address 3025 Eagles Claw Avenue Northwest

City  
SalemState  
ORZip Code  
97304-4224FEC 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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
08	/	31	/	2019

**Transaction ID : PR2136021985**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

224.67

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