

# **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)

PAGE 170 OF 368

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Robinson, Thomas, , Mr.,**

Mailing Address 6237 Overbrook Lane

City  
Houston

State  
TX

Zip Code  
77057-4411

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 : PR403584621985**

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

**B. Olson, Mark D., , Mr.,**

Mailing Address 7005 Daugherty Street

City  
Austin

State  
TX

Zip Code  
78757-2115

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 ▼

466.64

Date of Receipt

08 / 31 / 2019

**Transaction ID : PR403589621985**

Amount of Each Receipt this Period

58.33

☐ Memo Item

P/R Deduction (\$58.33 Monthly)

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

**C. Jackson, Ronald, , Mr.,**

Mailing Address 723 W Hillcrest Avenue

City  
Dayton

State  
OH

Zip Code  
45406-1945

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 ▼

230.84

Date of Receipt

08 / 31 / 2019

**Transaction ID : PR403602021985**

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)..... ►

130.00