

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

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

FOR LINE NUMBER: PAGE 324 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. Damon, Michael T., , Mr.,

Mailing Address 3 Newton Lane

City
MedwayState
MAZip Code
02053-6161FEC 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 ▼

2000.00

Date of Receipt

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

Transaction ID : PR9211421985

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

B. McGuire, Scott K., , Mr.,

Mailing Address 1983 Woodlake Drive

City
BentonState
LAZip Code
71006-9305FEC 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 ▼

391.69

Date of Receipt

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

Transaction ID : PR92121985

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. Day, Laura M., , Ms.,

Mailing Address 5030 W Brigantine Court

City
WilmingtonState
DEZip Code
19808-1819FEC 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 ▼

400.00

Date of Receipt

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

Transaction ID : PR9223321985

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

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

341.67