

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

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

FOR LINE NUMBER: PAGE 39 OF 461

(check only one)

☒ 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. Sunada, Gary T., , Mr.,

Mailing Address 109 Farnham Road

City
Syracuse

State
NY

Zip Code
13219-1510

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 ▼

360.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2019

Transaction ID : PR10529122099

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

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

B. Rogers Jr., Thomas C., , Mr.,

Mailing Address 1557 E Hencart Road

City
Glennville

State
GA

Zip Code
30427-3108

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 ▼

1350.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2019

Transaction ID : PR105422099

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

C. Lee, Charles R., , Mr.,

Mailing Address 1255 Fawn Circle

City
Green River

State
WY

Zip Code
82935-6603

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 ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2019

Transaction ID : PR10543722099

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

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

215.00