

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

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

FOR LINE NUMBER: PAGE 123 OF 461

(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. Wallace, Richard S., Mr.,

Mailing Address 3025 Eagles Claw Avenue Northwest

City
Salem

State
OR

Zip Code
97304-4224

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 ▼

270.00

Date of Receipt

09 / 30 / 2019

Transaction ID : PR2136022099

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

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

B. Werner, Richard J., Mr.,

Mailing Address 2154 Crespi Lane

City
Westlake Village

State
CA

Zip Code
91361-1722

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 ▼

1572.03

Date of Receipt

09 / 30 / 2019

Transaction ID : PR213622099

Amount of Each Receipt this Period

174.67

☐ Memo Item

P/R Deduction (\$174.67 Monthly)

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

C. Beaulieu, Jeffrey R., Mr.,

Mailing Address 9479 Newbridge Drive

City
Riverside

State
CA

Zip Code
92508-8003

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 ▼

450.00

Date of Receipt

09 / 30 / 2019

Transaction ID : PR2136622099

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)..... ►

254.67