

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

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

FOR LINE NUMBER: PAGE 207 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. Farra, David, , Mr.,

Mailing Address 228 Grant Avenue

City
Clarendon Hills

State
IL

Zip Code
60514-1327

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

09 / 30 / 2019

Transaction ID : PR411333722099

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

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

B. Lembrich, Greg, , Mr.,

Mailing Address 50 Sagamore Road

City
Maplewood

State
NJ

Zip Code
07040-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance Company

Occupation (for Individual)
Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.80

Date of Receipt

09 / 30 / 2019

Transaction ID : PR412381122099

Amount of Each Receipt this Period

38.48

☐ Memo Item

P/R Deduction (\$19.24 Bi-Weekly)

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

C. Chavez, Victor, , Mr.,

Mailing Address 12321 Louis Avenue

City
Whittier

State
CA

Zip Code
90605-4141

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

09 / 30 / 2019

Transaction ID : PR412405422099

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)..... ►

88.48