

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

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

FOR LINE NUMBER: PAGE 14 OF 433

(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. Rogers, Richard A., , Mr.,**

Mailing Address 16 Stuyvesant Oval  
8C

City  
New York

State  
NY

Zip Code  
10009-2240

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : PR10110517594**

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

**B. Rogers, Walton W., , Mr.,**

Mailing Address 504 Pinefield Drive

City

Severna Park

State

MD

Zip Code

21146-2320

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 ▼

750.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : PR10110717594**

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$83.34 Monthly)

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

**C. Roglieri, John, , Mr.,**

Mailing Address 16 Park Street

City

Tenaflly

State

NJ

Zip Code

07670-2218

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2017

**Transaction ID : PR10110817594**

Amount of Each Receipt this Period

45.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

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

173.34