

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

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

FOR LINE NUMBER: PAGE 122 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. Horstmann, John E., , Mr.,

Mailing Address 7684 N Kincaid Avenue

City
Fresno

State
CA

Zip Code
93711-0363

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 ▼

900.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR212217594

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

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

B. Ryan, Thomas B., , Mr.,

Mailing Address 1303 Meadow Lane

City
Berwyn

State
PA

Zip Code
19312-1971

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 ▼

375.03

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR2122217594

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. Mathas, Thomas E., , Mr.,

Mailing Address 1336 Cornwall Place

City
Norfolk

State
VA

Zip Code
23508-1108

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 ▼

562.50

Date of Receipt

MM / DD / YYYY
09 / 30 / 2017

Transaction ID : PR2122817594

Amount of Each Receipt this Period

62.50

☐ Memo Item

P/R Deduction (\$62.50 Monthly)

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

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

204.17