

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 365

☒ 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. Hinebaugh, Barbara F., , Ms.,**

Mailing Address 3201 Westmont Place

City

The Villages

State

FL

Zip Code

32162-7640

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 ▼

350.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR117521925**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

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

**B. Meier, Steven D., , Mr.,**

Mailing Address 4575 Lanercost Way

City

Columbus

State

OH

Zip Code

43220-2916

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 ▼

875.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR118021925**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

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

**C. Vahala, Mark, , Mr.,**

Mailing Address 500 Cedar Elm Court

City

Irving

State

TX

Zip Code

75063-8467

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 ▼

1750.00

Date of Receipt

07 / 31 / 2019

**Transaction ID : PR120621925**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

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

425.00