

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

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

FOR LINE NUMBER: PAGE 89 OF 365

(check only one)

☒ 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. Byrne, Kevin A., , Mr.,

Mailing Address 7716 Evers Boulevard

City
CheyenneState
WYZip Code
82009-5920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR2115921925

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. Lewis, Deborah, , Ms.,

Mailing Address 4280 Country Squire Lane

City
FairfaxState
VAZip Code
22032-1610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR2117321925

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. Lewis, Everton M., , Mr.,

Mailing Address 774 Bartholdi Street

City
BronxState
NYZip Code
10467-6208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Life Insurance CompanyOccupation (for Individual)
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2019

Transaction ID : PR2117521925

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

383.34

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