

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

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

FOR LINE NUMBER: PAGE 24 OF 65

(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. Triplett, Raymond J., , Mr.,

Mailing Address 16171 Hillvale Avenue

City

Monte Sereno

State

CA

Zip Code

95030-4159

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 ▼

250.00

Date of Receipt

01 / 31 / 2020

Transaction ID : PR217222806

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

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

B. Grinnon, Michael R., , Mr.,

Mailing Address 14703 Kulkarni Court

City

Chesterfield

State

MO

Zip Code

63017-7964

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New York Life Insurance Company

Occupation (for Individual)

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

01 / 31 / 2020

Transaction ID : PR21867222806

Amount of Each Receipt this Period

346.14

☐ Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

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

C. Allen, James A., , Mr.,

Mailing Address 710 Avery Street

City

South Windsor

State

CT

Zip Code

06074-2303

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 ▼

250.00

Date of Receipt

01 / 31 / 2020

Transaction ID : PR2222806

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)..... ►

846.14