

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

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

FOR LINE NUMBER: PAGE 170 OF 331

(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. Madgett, Mark J., , Mr.,

Mailing Address 5 Renaissance Square
Apt. 12A

City
White Plains

State
NY

Zip Code
10601-3044

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Ev & Head of Agency

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

MM / DD / YYYY
06 / 30 / 2019

Transaction ID : PR4489521550

Amount of Each Receipt this Period

230.78

☐ Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

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

B. McKinney, Jerry B., , Mr.,

Mailing Address 4811 5th Street

City
Lubbock

State
TX

Zip Code
79416-4930

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 ▼

1500.07

Date of Receipt

MM / DD / YYYY
06 / 30 / 2019

Transaction ID : PR4489621550

Amount of Each Receipt this Period

230.78

☐ Memo Item

P/R Deduction (\$115.39 Bi-Weekly)

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

C. Ghazal, Roland, , Mr.,

Mailing Address 2550 Lorinda

City
West Linn

State
OR

Zip Code
97068-3656

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 ▼

1000.09

Date of Receipt

MM / DD / YYYY
06 / 30 / 2019

Transaction ID : PR4489721550

Amount of Each Receipt this Period

153.86

☐ Memo Item

P/R Deduction (\$76.93 Bi-Weekly)

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

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

615.42