

# **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)

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☒ 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. Mersol, Joe M., , Mr.,**

Mailing Address 9647 Struthers Road

City

New Middletwn

State

OH

Zip Code

44442-8781

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 ▼

300.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR9844221550**

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. Miller, Gary J., , Mr.,**

Mailing Address 1211 E Nicolet Avenue

City

Phoenix

State

AZ

Zip Code

85020-5118

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 ▼

420.00

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR9854121550**

Amount of Each Receipt this Period

70.00

☐ Memo Item

P/R Deduction (\$70.00 Monthly)

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

**C. Miller, Jay P., , Mr.,**

Mailing Address 5407 Landon Circle

City

Boynton Beach

State

FL

Zip Code

33437-1677

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 ▼

500.04

Date of Receipt

06 / 30 / 2019

**Transaction ID : PR9855221550**

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$83.34 Monthly)

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

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

203.34