

**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 32 OF 314
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New York Life Insurance Company Political Action Committee

A. Mr. Paul E. Moyer
Full Name (Last, First, Middle Initial)

Mailing Address 3220 Briarcliff Drive

City Findlay State OH Zip Code 45840-4102

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR117010505

Amount of Each Receipt this Period 250.00

P/R Deduction (\$250.00 Monthly)

B. Ms. Wendy Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 20202 E Superstition Drive

City Queen Creek State AZ Zip Code 85142-9760

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR117210505

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

C. Ms. Barbara F. Hinebaugh
Full Name (Last, First, Middle Initial)

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 New York Life Insurance Company Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2014
Transaction ID : PR117510505

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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