

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

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

FOR LINE NUMBER: PAGE 401 OF 433  
(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**

**A. Mr. James E. Adkins Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10200 Wendover Drive  
 City State Zip Code  
 Vienna VA 22181-2960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR9659026**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Ms. Agnes Lam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 El Rancho Drive  
 City State Zip Code  
 South San Fran CA 94080-2172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Senior Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR966839026**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Mr. Edward D. Langley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13035 E Coles Creek Loop  
 City State Zip Code  
 Hammond LA 70403-2190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Life Insurance Company Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : PR967449026**  
 Amount of Each Receipt this Period  
 250.00  
 P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00  
**TOTAL** This Period (last page this line number only)..... ▶