

**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 191 OF 298
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 (Last, First, Middle Initial) A. Mr. Christopher J. Viveiros		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR6918512532
Mailing Address 3518 Colmar Quarter		Amount of Each Receipt this Period 346.17
City Norfolk	State VA	Zip Code 23509-1247
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.39 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.29	

Full Name (Last, First, Middle Initial) B. Mr. John T. Baier		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR69212532
Mailing Address 364 Mantoloking Road		Amount of Each Receipt this Period 346.17
City Brick	State NJ	Zip Code 08723-5778
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.39 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.29	

Full Name (Last, First, Middle Initial) C. Mr. Izhak Asher		Date of Receipt MM / DD / YYYY 05 / 31 / 2015 Transaction ID : PR6945712532
Mailing Address 29 Center Drive		Amount of Each Receipt this Period 250.00
City Roslyn	State NY	Zip Code 11576-1445
FEC ID number of contributing federal political committee. C		P/R Deduction (\$250.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional).....▶	942.34
TOTAL This Period (last page this line number only).....▶	