

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines New York Life Insurance Company Political Action Committee

ADDRESS (number and street) 51 Madison Ave. Room 1109 New York NY 10010 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00158881 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer John Creegan Signature of Treasurer Electronically Filed by John Creegan Date 07 20 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
New York Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		352517.78
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	278495.92									
(c) Total Receipts (from Line 19)	67355.19	386882.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	345851.11	739400.77								
7. Total Disbursements (from Line 31)	120022.00	513571.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	225829.11	225829.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
New York Life Insurance Company Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	33392.89	117453.03
(i) Itemized (use Schedule A)	28962.30	248173.32
(ii) Unitemized	62355.19	365626.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	62355.19	365626.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	20000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1256.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	67355.19	386882.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	67355.19	386882.99

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	113000.00	487850.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	22.00	2621.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	22.00	2621.66
29. Other Disbursements.....	7000.00	23100.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	120022.00	513571.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	120022.00	513571.66

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	62355.19	365626.35
34. Total Contribution Refunds (from Line 28(d))	22.00	2621.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62333.19	363004.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 170
	<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. Romany S. Abraham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44881302	
Mailing Address 3350 Hampshire Road		Amount of Each Receipt this Period 50.00	
City State Zip Code Furlong PA 18925-1254	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) B. Mr. David L. Aguirre		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21893302	
Mailing Address 7518 South 240 E		Amount of Each Receipt this Period 60.00	
City State Zip Code Midvale UT 84047-2169	FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) C. Mr. Julius G. Alberico		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1243302	
Mailing Address 1 Rockwood Road		Amount of Each Receipt this Period 76.94	
City State Zip Code Sleepy Hollow NY 10591-0000	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation First Vice President Aggregate Year-to-Date ▼ 269.29		

SUBTOTAL of Receipts This Page (optional) ▶	186.94
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. John T. Alexander		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21234302	
Mailing Address 372 Baymount Drive		Amount of Each Receipt this Period 50.00	
City Statesville	State NC	Zip Code 28625-9548	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mr. William S. Anders		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2176302	
Mailing Address 15 Grand Place		Amount of Each Receipt this Period 76.94	
City Newtown	State CT	Zip Code 06470-2113	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Cvp - Management Training		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.76		

C. Full Name (Last, First, Middle Initial) Mr. Kurt Anderson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61547302	
Mailing Address 3125 Primrose Drive		Amount of Each Receipt this Period 153.86	
City Zanesville	State OH	Zip Code 43701-9009	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Sales Development Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.88		

SUBTOTAL of Receipts This Page (optional) ▶	280.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gregory F. Appel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67242302
Mailing Address 113 Park Road Extension		Amount of Each Receipt this Period 40.00
City State Zip Code Golden Bridge NY 10526-1144	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Cvp - Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Mr. Michael Arnheiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR645302
Mailing Address 220 N Falmouth Highway		Amount of Each Receipt this Period 166.67
City State Zip Code North Falmouth MA 02556-3102	FEC ID number of contributing federal political committee. C	P/R Deduction (\$166.67 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 ▼ 933.35	

C. Full Name (Last, First, Middle Initial) Ms. Marilyn W. Arnold		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57550302
Mailing Address 32 Fieldstone Lane		Amount of Each Receipt this Period 38.48
City State Zip Code Medford NJ 08055-3515	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 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 ▼ 220.44	

SUBTOTAL of Receipts This Page (optional) ▶	245.15
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Joseph A. Auteri		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2515 Garrett Road		Transaction ID: PR797302	
City State Zip Code Drexel Hill PA 19026-1010	Amount of Each Receipt this Period _____ 152.68		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 916.08		P/R Deduction (\$152.68 Monthly)

Full Name (Last, First, Middle Initial) B. Mr. R. Frank Avrett		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4343 N Scottsdale Road Suite 220		Transaction ID: PR1423302	
City State Zip Code Scottsdale AZ 85251-0000	Amount of Each Receipt this Period _____ 78.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 507.00		P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Mr. Scott G. Ayers		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 40 Tabor Place		Transaction ID: PR73465302	
City State Zip Code South Burlington VT 05403-0000	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 268.00		P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 310.68
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gary Bacon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1984302	
Mailing Address 1099 Kentfield Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Salinas CA 93901-1067	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. John T. Baier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR692302	
Mailing Address 12 Skytop Drive		Amount of Each Receipt this Period 153.86	
City State Zip Code Denville NJ 07834-9542	FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	Aggregate Year-to-Date 730.87	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Dave Baker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1176302	
Mailing Address 31686 Lake Road		Amount of Each Receipt this Period 83.34	
City State Zip Code Bay Village OH 44140-1027	FEC ID number of contributing federal political committee. C		P/R Deduction (\$83.34 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date 500.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	287.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Stephen G. Bakke		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2005302
Mailing Address 3865 Welsh Pony Lane		Amount of Each Receipt this Period 153.86
City State Zip Code Yorba Linda CA 92886-7929	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 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 ▼ 924.23	

B. Full Name (Last, First, Middle Initial) Mr. Tom Ball, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1608302
Mailing Address 2200 Westlake Drive		Amount of Each Receipt this Period 80.00
City State Zip Code Austin TX 78746-2933	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 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 ▼ 480.00	

C. Full Name (Last, First, Middle Initial) Mr. Fred Bangasser		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1579302
Mailing Address 2108 Key W Cove		Amount of Each Receipt this Period 80.00
City State Zip Code Austin TX 78746-7256	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 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 ▼ 489.00	

SUBTOTAL of Receipts This Page (optional) ▶	313.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Larry E. Beebe

Mailing Address 3209 Stone Wall Road

City State Zip Code
Maumee OH 43537-9593

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 ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1134302

Amount of Each Receipt this Period
41.67

P/R Deduction (\$41.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. John D. Begley

Mailing Address 108 Summer Rules

City State Zip Code
Clarks Summit PA 18411-1004

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR212302

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Dennis J. Bell

Mailing Address 10576 Sunset Terrace

City State Zip Code
Clive IA 50325-6554

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 ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1757302

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	161.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Amato Berardi		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 52 Pineview Drive		Transaction ID: PR785302	
City Hntingdon Valley	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 19006-6604		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Mr. James Bergeron		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1234 Clearfield Circle		Transaction ID: PR992302	
City Lutherville	State MD	Amount of Each Receipt this Period 100.00	
Zip Code 21093-4706		P/R Deduction (\$100.00 Monthly)	
FEC ID number of contributing federal political committee. C			
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 ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Mr. Russell Bicker		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 125 Poplar Forest Drive		Transaction ID: PR61435302	
City Slippery Rock	State PA	Amount of Each Receipt this Period 83.33	
Zip Code 16057-8527		P/R Deduction (\$83.33 Monthly)	
FEC ID number of contributing federal political committee. C			
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 ▼ 499.98		

SUBTOTAL of Receipts This Page (optional) ▶	233.33
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 170
	<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	

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. Full Name (Last, First, Middle Initial) Mr. Vern O. Bills		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1825302	
Mailing Address 826 National		Amount of Each Receipt this Period 50.00	
City Belle Fourche	State SD	Zip Code 57717-2032	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mr. Robert J. Blake		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44885302	
Mailing Address 105 Meadow Ridge Road		Amount of Each Receipt this Period 38.48	
City Warwick	State NY	Zip Code 10990-2569	P/R Deduction (\$19.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Zone Vice President Aggregate Year-to-Date ▼ 220.44	

C. Full Name (Last, First, Middle Initial) Mr. Greg Blanchard Clu Chfc		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1823302	
Mailing Address 4720 W 127th Place		Amount of Each Receipt this Period 83.34	
City Broomfield	State CO	Zip Code 80020-5737	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional) ▶	171.82
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City State Zip Code
Sioux Falls SD 57108-2013

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1822302

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Christopher O. Blunt

Mailing Address 101 West 78th Street Apt. 75

City State Zip Code
New York NY 10024-6756

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

Name of Employer
New York Life Insurance Company

Occupation
Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR72957302

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Frank M. Boccio

Mailing Address 18 Williamson Street

City State Zip Code
East Rockaway NY 11518-1919

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

Name of Employer
New York Life Insurance Company

Occupation
Svp - Individual Policy Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.27

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR394302

Amount of Each Receipt this Period
67.58

P/R Deduction (\$33.79 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	197.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 170
	<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. Full Name (Last, First, Middle Initial) Ms. Sandra L. Bograd		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74527302	
Mailing Address 33-3502 Hudson Street		Amount of Each Receipt this Period 76.94	
City Jersey City	State NJ	Zip Code 07302-6543	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Occupation Svp & Chief Compliance Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 335.82			

B. Full Name (Last, First, Middle Initial) Mr. Tony Bolado		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2168302	
Mailing Address 698 N Helena		Amount of Each Receipt this Period 34.66	
City Anaheim	State CA	Zip Code 92805-2620	P/R Deduction (\$34.66 Monthly)
FEC ID number of contributing federal political committee. C		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 ▼ 207.96			

C. Full Name (Last, First, Middle Initial) Mr. Joseph Sing Bonin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1530302	
Mailing Address 633 Gertrude Drive		Amount of Each Receipt this Period 50.00	
City St. Martinville	State LA	Zip Code 70582-4935	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		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 ▼ 300.00			

SUBTOTAL of Receipts This Page (optional) ▶	161.60
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Jefferson C. Boyce		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57512302	
Mailing Address 28 Inwood Street		Amount of Each Receipt this Period 76.94	
City Yonkers	State NY	Zip Code 10704-2802	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 382.83	

Full Name (Last, First, Middle Initial) B. Mr. Patrick G. Boyle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR285302	
Mailing Address 7 Holmes Court		Amount of Each Receipt this Period 92.40	
City Morristown	State NJ	Zip Code 07960-2776	P/R Deduction (\$46.20 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 487.20	

Full Name (Last, First, Middle Initial) C. Mr. Scot R. Bradstreet		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR60302	
Mailing Address 8 Parkman Brook Lane		Amount of Each Receipt this Period 100.00	
City Stratham	State NH	Zip Code 03883-6530	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 583.33	

SUBTOTAL of Receipts This Page (optional) ▶	269.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. Full Name (Last, First, Middle Initial) Mr. Troy G. Braswell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1790302	
Mailing Address 16843 Hghld Ridge Drive		Amount of Each Receipt this Period 153.86	
City Belton	State MO	Zip Code 64012-0000	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 734.58	
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) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Michael F. Broderick Cfp		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56615302	
Mailing Address 170 Clapboard Tree Street		Amount of Each Receipt this Period 50.00	
City Westwood	State MA	Zip Code 02090-2906	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. William V. Brody		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2078302	
Mailing Address 19 Corte Miguel		Amount of Each Receipt this Period 166.67	
City San Rafael	State CA	Zip Code 94903-1810	P/R Deduction (\$166.67 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 918.35	
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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	370.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. David Brown		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21194302
Mailing Address 524 Terrace Avenue		Amount of Each Receipt this Period 41.67
City State Zip Code Garden City South NY 11530-5442	FEC ID number of contributing federal political committee. C	P/R Deduction (\$41.67 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 ▼ 223.35	

Full Name (Last, First, Middle Initial) B. Mr. Norman M. Bryant		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1402302
Mailing Address 14911 Forest Oaks Drive		Amount of Each Receipt this Period 50.00
City State Zip Code Louisville KY 40245-6509	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Mr. Warren Budd, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1050302
Mailing Address PO Box 1723		Amount of Each Receipt this Period 40.00
City State Zip Code Newnan GA 30264-1723	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	131.67
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial) Ms. Victoria C. Buhrow		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66021302	
Mailing Address 21 81st Avenue		Amount of Each Receipt this Period 50.00	
City State Zip Code Treasure Island FL 33706-5212	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. Michael D. Burson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1668302	
Mailing Address 22 Canterbury Lane		Amount of Each Receipt this Period 40.00	
City State Zip Code Sandy Hook CT 06482-1583	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Mark I. Burton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1117302	
Mailing Address 22781 Foxridge		Amount of Each Receipt this Period 83.34	
City State Zip Code Mission Viejo CA 92692-4703	FEC ID number of contributing federal political committee. C		
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 ▼ 500.04		
		P/R Deduction (\$83.34 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	173.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Bryan Buzzard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21892302	
Mailing Address 3311 E Dartmouth		Amount of Each Receipt this Period 50.00	
City Mesa	State AZ	Zip Code 85213-7046	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mr. Eric B. Campbell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1563302	
Mailing Address 240 E 47th Street Apt. 22C		Amount of Each Receipt this Period 153.86	
City New York	State NY	Zip Code 10017-2136	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation E.V.P. - Chief Distribution Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 926.23	

C. Full Name (Last, First, Middle Initial) Ms. Judith E. Campbell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR491302	
Mailing Address 54 Samson Avenue		Amount of Each Receipt this Period 76.94	
City Madison	State NJ	Zip Code 07940-2840	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp & Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.11	

SUBTOTAL of Receipts This Page (optional) ▶	280.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Robert L. Cannon, III Mailing Address 1401 50th Street Southeast City Auburn State WA Zip Code 98002-8716 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2039302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

B. Full Name (Last, First, Middle Initial) Mr. Charles M. Carmouche Mailing Address 2828 Congress Boulevard #5 City Baton Rouge State LA Zip Code 70808-3176 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74523302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

C. Full Name (Last, First, Middle Initial) Mr. George E. Carr Mailing Address 2791 Leo Circle City Riverside State CA Zip Code 92503-6050 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2202302 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	168.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 170
	<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

Full Name (Last, First, Middle Initial) A. Ms. Boua Keo T. Chang		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 2210 Skillman Avenue Apt. #311		Transaction ID: PR87125302		
City State Zip Code Saint Paul MN 55109-3948	Amount of Each Receipt this Period 153.86		P/R Deduction (\$76.93 Bi-Weekly)	
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company	Occupation Partner	Aggregate Year-to-Date ▼ 461.58		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Mr. Bob Chrisman		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 1603 Kelliwood Oaks		Transaction ID: PR61363302		
City State Zip Code Katy TX 77450-4379	Amount of Each Receipt this Period 41.67		P/R Deduction (\$41.67 Monthly)	
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Mr. Jan Christensen		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 2356 E Bearhills Drive		Transaction ID: PR1971302		
City State Zip Code Draper UT 84020-9672	Amount of Each Receipt this Period 50.00		P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. C				
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	245.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 170
	<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

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. John Anthony Christopher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70708302	
Mailing Address 8251 Pembridge		Amount of Each Receipt this Period 41.67	
City Woodridge	State IL	Zip Code 60517-7733	P/R Deduction (\$41.67 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 216.68	

Full Name (Last, First, Middle Initial) B. Mr. Dom V. Cianciotti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR150302	
Mailing Address 356 Vet Memorial Highway		Amount of Each Receipt this Period 83.84	
City Commack	State NY	Zip Code 11725-4332	P/R Deduction (\$83.84 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 503.04	

Full Name (Last, First, Middle Initial) C. Mr. Jerry Coats		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1456302	
Mailing Address 2945 River Bend Road		Amount of Each Receipt this Period 166.67	
City Heber Spring	State AR	Zip Code 72543-3020	P/R Deduction (\$166.67 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 918.35	

SUBTOTAL of Receipts This Page (optional) ▶	292.18
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Edward W. Colello		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR78302	
Mailing Address 42 Scenic Ridge Drive		Amount of Each Receipt this Period 76.94	
City State Zip Code Brewster NY 10509-4303	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$38.47 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.70		

Full Name (Last, First, Middle Initial) B. Ms. Ellen M. Coletto		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64710302	
Mailing Address 61 Chester Avenue		Amount of Each Receipt this Period 50.00	
City State Zip Code Brooklyn NY 11218-2020	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Cvp - Information Systems	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. David R. Colflesh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1118302	
Mailing Address 905 Olive PO Box 37		Amount of Each Receipt this Period 41.66	
City State Zip Code Tarkio MO 64491-0037	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$41.66 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96		

SUBTOTAL of Receipts This Page (optional) ▶	168.60
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 170		
	<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

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

Full Name (Last, First, Middle Initial) A. Ms. Jessie M. Colgate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR648302	
Mailing Address 5815 Potomac Avenue Northwest		Amount of Each Receipt this Period 76.94	
City Washington State DC Zip Code 20016-2517	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Svp - Office of Government Affairs Aggregate Year-to-Date ▼ 474.21		

Full Name (Last, First, Middle Initial) B. Mr. Eric Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57561302	
Mailing Address 310 Mallard Court		Amount of Each Receipt this Period 50.00	
City Mount Pleasant State SC Zip Code 29464-2830	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Partner Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. Randy K. Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73462302	
Mailing Address 1741 Kilbourne Place Northwest		Amount of Each Receipt this Period 76.94	
City Washington State DC Zip Code 20010-2605	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 335.82		

SUBTOTAL of Receipts This Page (optional) ▶	203.88
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 170						
	(check only one)							
	<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

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

Full Name (Last, First, Middle Initial) A. Ms. Joan M. Cronin		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 56 Canyon Woods		Transaction ID: PR236302		
City State Zip Code Matawan NJ 07747-3557	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer New York Life Insurance Company	Occupation Vice President	Aggregate Year-to-Date ▼ _____ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Mr. John A. Cullen		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 527 Parkview Avenue		Transaction ID: PR66023302		
City State Zip Code Westfield NJ 07090-2403	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer New York Life Insurance Company	Occupation Svp, Controller & Chief Accounting Off	Aggregate Year-to-Date ▼ _____ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Mr. Bruce Cumby		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 816 Ellis Avenue		Transaction ID: PR747302		
City State Zip Code Newtown Sq PA 19073-3906	Amount of Each Receipt this Period _____ 41.67		P/R Deduction (\$41.67 Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ _____ 250.02		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 131.67
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 170		
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Michael P. Daly		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21249302	
Mailing Address 1426 State Route 125		Amount of Each Receipt this Period 83.33	
City State Zip Code Hamersville OH 45130-9509	FEC ID number of contributing federal political committee. C		P/R Deduction (\$83.33 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 499.98		

Full Name (Last, First, Middle Initial) B. Ms. Sheila K. Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR659302	
Mailing Address 280 Park Avenue S Apt. 16J		Amount of Each Receipt this Period 153.86	
City State Zip Code New York NY 10010-6132	FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation E.V.P. - Law & Corporate Administration Aggregate Year-to-Date ▼ 917.37		

Full Name (Last, First, Middle Initial) C. Mr. Mehmood N. Daya		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44905302	
Mailing Address 22106 Grand Cove Court		Amount of Each Receipt this Period 76.94	
City State Zip Code Katy TX 77450-8097	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Partner Aggregate Year-to-Date ▼ 378.88		

SUBTOTAL of Receipts This Page (optional) ▶	314.13
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. John J. De Buono		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1976302	
Mailing Address 1706 Siskiyou Drive		Amount of Each Receipt this Period 60.00	
City Walnut Creek	State CA	Zip Code 94598-2121	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 390.00	
Name of Employer New York Life Insurance Company	Occupation Cvp - Zone Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. James D. Dean		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54017302	
Mailing Address 1648 Wimbledon Drive		Amount of Each Receipt this Period 83.34	
City Walled Lake	State MI	Zip Code 48390-3179	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.04	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Gregory E. Deavens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72958302	
Mailing Address 10 Henley Commons		Amount of Each Receipt this Period 50.00	
City Farmington	State CT	Zip Code 06032-1553	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 325.00	
Name of Employer New York Life Insurance Company	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	193.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Ms. Donna L. Del Mastro Mailing Address 16681 Delores Apt. A City State Zip Code Huntington CA 92649-3370 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1975302 Amount of Each Receipt this Period 34.66 P/R Deduction (\$34.66 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 ▼ 207.96		

B. Full Name (Last, First, Middle Initial) Mr. Mike Delahaye Mailing Address 6415 Sevenoaks City State Zip Code Baton Rouge LA 70806-7335 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1547302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 500.04		

C. Full Name (Last, First, Middle Initial) Ms. Jeanmarie A. Deliso Mailing Address 1537 Main Street Suite 306 City State Zip Code Springfield MA 01103-1451 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54019302 Amount of Each Receipt this Period 83.00 P/R Deduction (\$83.00 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 ▼ 498.00		

SUBTOTAL of Receipts This Page (optional)	201.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Jules DelVecchio		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4 Sackett Circle		Transaction ID: PR379302	
City State Zip Code Larchmont NY 10538-1002	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. P. J. Demarie, III		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 24 Woodvine Court		Transaction ID: PR70709302	
City State Zip Code Covington LA 70433-4724	Amount of Each Receipt this Period 83.34		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.04		P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial) C. Mr. James O. DeVito		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3 Fiske Pond Road		Transaction ID: PR44864302	
City State Zip Code Holliston MA 01746-2051	Amount of Each Receipt this Period 153.86		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 741.58		P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	287.20
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Stephen C. Dill Mailing Address 4082 Prestwick Lane City Palmdale State CA Zip Code 93551-5381 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2102302 Amount of Each Receipt this Period 10.00 P/R Deduction (\$10.00 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 ▼ 220.00		

B. Full Name (Last, First, Middle Initial) Mr. John Dipalermo Mailing Address 3297 Padilla Way City San Jose State CA Zip Code 95148-2746 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR504302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 500.04		

C. Full Name (Last, First, Middle Initial) Mr. Richard C. Dipippo Mailing Address 16619 Harbor Town Drive City Silver Spring State MD Zip Code 20905-4082 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR68302 Amount of Each Receipt this Period 166.67 P/R Deduction (\$166.67 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 ▼ 576.69		

SUBTOTAL of Receipts This Page (optional)	260.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Michael D. Dixon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70718302
Mailing Address 5055 Pathfinder		Amount of Each Receipt this Period 50.00
City State Zip Code Oak Park CA 91377-4704	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Frank B. Dolph, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1098302
Mailing Address 631 Intracoastal Drive		Amount of Each Receipt this Period 80.00
City State Zip Code Fort Lauderdale FL 33304-3618	FEC ID number of contributing federal political committee. C	P/R Deduction (\$80.00 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 ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Mr. Joe W. Donaldson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1437302
Mailing Address 106 Glynlakes Drive		Amount of Each Receipt this Period 83.34
City State Zip Code Pike Road AL 36064-1766	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.34 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 ▼ 333.34	

SUBTOTAL of Receipts This Page (optional) ▶	213.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 170
	<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

A. Full Name (Last, First, Middle Initial) Ms. Kathleen A. Donnelly Mailing Address 180 Montague Street Apt 16F City State Zip Code Brooklyn NY 11201-3619 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR410302 Amount of Each Receipt this Period 76.94
Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.82		P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Ms. Patricia A. Doss Mailing Address 23717 Rockrose Drive City State Zip Code Golden CO 80401-9185 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1709302 Amount of Each Receipt this Period 153.86
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 ▼ 923.23		P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. Milton A. Dugger, Jr. Mailing Address 904 Dartmouth Road City State Zip Code Baltimore MD 21212-3225 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR884302 Amount of Each Receipt this Period 50.00
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 ▼ 300.00		P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	280.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Charles R. Eckardt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR809302	
Mailing Address 620 Meetinghouse Road		Amount of Each Receipt this Period 83.34	
City Rydal	State PA	Zip Code 19046-2935	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 500.04	

B. Full Name (Last, First, Middle Initial) Mr. Fred Eisner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1188302	
Mailing Address 432 E Glengary Circle		Amount of Each Receipt this Period 50.00	
City Highland Heights	State OH	Zip Code 44143-3623	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mr. Tony H. Elavia		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87582302	
Mailing Address 9 Fox Run Lane		Amount of Each Receipt this Period 153.86	
City Lexington	State MA	Zip Code 02420-2338	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.79	

SUBTOTAL of Receipts This Page (optional) ▶	287.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Tim Ellen Mailing Address 113 Highland Point Drive City State Zip Code <u>La Grange</u> <u>GA</u> <u>30240-3791</u> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1428302 Amount of Each Receipt this Period 42.00 P/R Deduction (\$42.00 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 ▼ 252.00		

B. Full Name (Last, First, Middle Initial) Ms. Kap-Sun Enders Mailing Address 10620 Washington Circle City State Zip Code <u>Anchorage</u> <u>AK</u> <u>99515-2505</u> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1950302 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 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 ▼ 240.00		

C. Full Name (Last, First, Middle Initial) Mr. John J. Englert Mailing Address 4948 Saratoga City State Zip Code <u>Redding</u> <u>CA</u> <u>96002-9419</u> FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2223302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	132.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Thomas F. English Mailing Address 27 Hedge Brook Lane City State Zip Code Stamford CT 06903-2029 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR863302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Svp & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 432.77		

B. Full Name (Last, First, Middle Initial) Mr. Frank J. Engraff Mailing Address 31381 Avenida Madrid City State Zip Code San Juan Capo CA 92675-5391 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1919302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 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 ▼ 811.58		

C. Full Name (Last, First, Middle Initial) Mr. Jim Erben Mailing Address 3709 Bob Wire Road City State Zip Code Spicewood TX 78669-6125 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1591302 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 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 ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	270.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Salvatore F. Farina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR385302	
Mailing Address 5 Sir Kenneth Court		Amount of Each Receipt this Period 153.86	
City Northport	State NY	Zip Code 11768-1554	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 704.17	
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 ▼		

B. Full Name (Last, First, Middle Initial) Mr. Darin Fass		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44873302	
Mailing Address 30 Carlton Drive		Amount of Each Receipt this Period 40.00	
City Mount Kisco	State NY	Zip Code 10549-4756	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 255.19	
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 ▼		

C. Full Name (Last, First, Middle Initial) Mr. William T. Feakes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74542302	
Mailing Address 9445 Nicklaus Lane		Amount of Each Receipt this Period 40.00	
City Crystal Lake	State IL	Zip Code 60014-3340	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 260.00	
Name of Employer New York Life Insurance Company	Occupation Senior Annuity Product Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ▶	233.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Nathan W. Fincher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66026302	
Mailing Address 209 Cornman Lane		Amount of Each Receipt this Period 100.00	
City Landisburg	State PA	Zip Code 17040-0000	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Occupation Associate Sales Development Manager		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 620.00			

B. Full Name (Last, First, Middle Initial) Ms. Varda Naomi Fink		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1335302	
Mailing Address 13325 Old Forge Road		Amount of Each Receipt this Period 50.00	
City Silver Spring	State MD	Zip Code 20904-6328	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		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 ▼ 300.00			

C. Full Name (Last, First, Middle Initial) Mr. Jerry M. Fish		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2131302	
Mailing Address 2155 Glenkirk Drive		Amount of Each Receipt this Period 50.00	
City San Jose	State CA	Zip Code 95124-1222	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		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 ▼ 325.00			

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Edward J. Fitzgerald Mailing Address 121 Stratford Road City State Zip Code West Hempstead NY 11552-1723 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73455302 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

B. Full Name (Last, First, Middle Initial) Mr. Tim C. Fitzgerald Mailing Address 12086 Ellerbe Road City State Zip Code Shreveport LA 71115-9568 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1494302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 500.04		

C. Full Name (Last, First, Middle Initial) Mr. Jeffrey Fitzpatrick Mailing Address 103 Prospect Avenue City State Zip Code Waterloo IA 50703-4241 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69529302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	213.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Full Name (Last, First, Middle Initial) Ms. Sylvia M. Forster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84974302	
Mailing Address 11 Ridge Road		Amount of Each Receipt this Period 40.00	
City Succasunna	State NJ	Zip Code 07876-1817	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Mr. John A. Forte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21192302	
Mailing Address 5 York Place		Amount of Each Receipt this Period 50.00	
City Latham	State NY	Zip Code 12110-3135	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mr. John A. Foster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64720302	
Mailing Address 5707 Sodus Shores		Amount of Each Receipt this Period 50.00	
City Sodus	State NY	Zip Code 14551-9610	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) ▶	140.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Ben Freedman

Mailing Address 143 Amoretti

City Lander State WY Zip Code 82520-2816

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR54286302

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Stanley M. Friedman

Mailing Address 25 Round Tree Drive

City Melville State NY Zip Code 11747-3314

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

Name of Employer: New York Life Insurance Company
Occupation: Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR44888302

Amount of Each Receipt this Period
80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Marat Gakyma

Mailing Address 340 Travis Avenue

City Staten Island State NY Zip Code 10314-6129

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 ▼ 208.02

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR281302

Amount of Each Receipt this Period
34.67

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)	164.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Michael G. Gallo		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR258302	
Mailing Address 4 Red Mill Lane		Amount of Each Receipt this Period 153.86	
City State Zip Code Darien CT 06820-3612	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp & L&a-Chief of Staff	P/R Deduction (\$76.93 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 596.26		

Full Name (Last, First, Middle Initial) B. Mr. Kevin R. Garman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1673302	
Mailing Address 5012 Avenue Avignon		Amount of Each Receipt this Period 76.94	
City State Zip Code Lutz FL 33558-0000	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$38.47 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 378.88		

Full Name (Last, First, Middle Initial) C. Mr. Rich Garry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1829302	
Mailing Address 805 Batcheller Lane		Amount of Each Receipt this Period 115.00	
City State Zip Code Sioux Falls SD 57105-6715	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$115.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00		

SUBTOTAL of Receipts This Page (optional) ▶	345.80
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Tom Gavin Mailing Address 449 Vista Court City Benicia State CA Zip Code 94510-2715 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1268302 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 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 ▼ 570.00

B. Full Name (Last, First, Middle Initial) Ms. Missy Gaynor Mailing Address 180 Peace Acre Lane City Stratford State CT Zip Code 06497-1306 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR557302 Amount of Each Receipt this Period 34.67 P/R Deduction (\$34.67 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 ▼ 208.02

C. Full Name (Last, First, Middle Initial) Mr. Gregory P. Genovese Mailing Address 14 Woodcutters Lane City Cold Spring Harbor State NY Zip Code 11724-1206 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61416302 Amount of Each Receipt this Period 41.67 P/R Deduction (\$41.67 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 ▼ 250.02

SUBTOTAL of Receipts This Page (optional)	176.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 170
	<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	

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. Full Name (Last, First, Middle Initial) Ms. Rose A. Gentile		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR917302	
Mailing Address 606 South Payne Street		Amount of Each Receipt this Period 35.00	
City Alexandria	State VA	Zip Code 22314-3928	P/R Deduction (\$35.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 210.00	

B. Full Name (Last, First, Middle Initial) Mr. Roland Ghazal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44897302	
Mailing Address 205 Adams Court		Amount of Each Receipt this Period 38.48	
City Colleyville	State TX	Zip Code 76034-6811	P/R Deduction (\$19.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 211.96	

C. Full Name (Last, First, Middle Initial) Mr. Solomon Goldfinger		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR267302	
Mailing Address 14719 70th Avenue		Amount of Each Receipt this Period 67.70	
City Flushing	State NY	Zip Code 11367-1715	P/R Deduction (\$33.85 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp & L&a Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.05	

SUBTOTAL of Receipts This Page (optional) ▶	141.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 170
	<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

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth S. Gonzales		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 724 Wales Way		Transaction ID: PR1667302	
City Austin	State TX	Amount of Each Receipt this Period 50.00	
Zip Code 78748-6531			
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. George R. Gordon		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 610 Park Avenue Apt 5C		Transaction ID: PR240302	
City New York	State NY	Amount of Each Receipt this Period 153.86	
Zip Code 10021-7025			
FEC ID number of contributing federal political committee. C			
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 ▼ 811.58	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Diane H. Gould		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1102 Prospect Hill Place		Transaction ID: PR638302	
City Rockville	State MD	Amount of Each Receipt this Period 83.00	
Zip Code 20850-2868			
FEC ID number of contributing federal political committee. C			
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 ▼ 498.00	P/R Deduction (\$83.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	286.86
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Kermit R. Griner

Mailing Address 305 Crestfield Drive

City State Zip Code
Columbus GA 31904-2325

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 ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1068302

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Eric J. Grossman

Mailing Address 155 E 34th Street Apt. 11L

City State Zip Code
New York NY 10016-4751

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

Name of Employer
New York Life Insurance Company

Occupation
Assistant Vice President - Architectur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.72

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR67256302

Amount of Each Receipt this Period
38.48

P/R Deduction (\$19.24 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia J. Guldy

Mailing Address 2026 Yankee Drive

City State Zip Code
Windsor CO 80550-4685

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 ▼
500.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR84907302

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)	161.82
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Angelo A. Haddad		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2145302
Mailing Address 354 Garnsey Avenue		Amount of Each Receipt this Period 75.00
City Bakersfield State CA Zip Code 93309-1849	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$75.00 Monthly)

B. Full Name (Last, First, Middle Initial) Mr. Bob D. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1986302
Mailing Address 2015 Evergreen Court		Amount of Each Receipt this Period 83.34
City Yakima State WA Zip Code 98909-1200	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 500.04	P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial) Ms. Carrie L. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1953302
Mailing Address 8372 Agnew Valley Court		Amount of Each Receipt this Period 166.67
City Las Vegas State NV Zip Code 89178-4827	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 913.35	P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	325.01
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gerald F. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR96302	
Mailing Address 15 Fieldstone Drive		Amount of Each Receipt this Period 41.67	
City Westport	State MA	Zip Code 02790-2634	P/R Deduction (\$41.67 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 288.35	

B. Full Name (Last, First, Middle Initial) Mr. Jack C. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57553302	
Mailing Address 1020 Watkins Creek Drive		Amount of Each Receipt this Period 78.00	
City Franklin	State TN	Zip Code 37067-7829	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 507.00	

C. Full Name (Last, First, Middle Initial) Mr. Marcus J. Ham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1708302	
Mailing Address 8713 Maple Hollow Court		Amount of Each Receipt this Period 80.00	
City Granite Bay	State CA	Zip Code 95746-6158	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	199.67
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Ms. Jane L. Hamrick		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR935302	
Mailing Address Nylife International 51 Madison		Amount of Each Receipt this Period 50.00	
City State Zip Code New York NY 10010-1603	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President & Actuary	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00		

Full Name (Last, First, Middle Initial) B. Mr. David A. Harland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44890302	
Mailing Address 200 E 66th St. Apt. A-1903		Amount of Each Receipt this Period 40.00	
City State Zip Code New York NY 10021-9179	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation 1st V.P. & Dep. Gen. Counsel & Dep. Se	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Mr. John M. Hayes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72960302	
Mailing Address 7 Sun Valley Way		Amount of Each Receipt this Period 60.00	
City State Zip Code Long Valley NJ 07853-3038	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President	P/R Deduction (\$30.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert J. Hebron		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR615302	
Mailing Address 231 Wyoming Avenue		Amount of Each Receipt this Period 76.94	
City State Zip Code Maplewood NJ 07040-2013	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp	P/R Deduction (\$38.47 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.82		

Full Name (Last, First, Middle Initial) B. Mr. Mark A. Heck		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44922302	
Mailing Address 500 Cliffwood Avenue Apt. #D-9		Amount of Each Receipt this Period 50.00	
City State Zip Code Matawan NJ 07747-2825	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Senior Financial Analysis Consultant	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. Thomas D. Hegna		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1716302	
Mailing Address 14022 N Sunflower Drive		Amount of Each Receipt this Period 76.94	
City State Zip Code Fountain Hills AZ 85268-6547	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President	P/R Deduction (\$38.47 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		

SUBTOTAL of Receipts This Page (optional) ▶	203.88
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 / 170
<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

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

A. Full Name (Last, First, Middle Initial) Mr. Thomas S. Heller Mailing Address 230 Mahwah Road City Mahwah State NJ Zip Code 07430-1440 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73486302 Amount of Each Receipt this Period 38.48
Name of Employer: New York Life Insurance Company Occupation: Cvp - Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.96		P/R Deduction (\$19.24 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Bill Hensel Mailing Address PO Box 132 City Strasburg State OH Zip Code 44680-0132 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1139302 Amount of Each Receipt this Period 80.00
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 ▼ 480.00		P/R Deduction (\$80.00 Monthly)

C. Full Name (Last, First, Middle Initial) Mr. David A. Herlicka Mailing Address 2 Chablis Court City Bedford State NH Zip Code 03110-5217 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84923302 Amount of Each Receipt this Period 80.00
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 ▼ 480.00		P/R Deduction (\$80.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	198.48
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 170						
	(check only one)							
	<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

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas H. Herlong, Sr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1014302	
Mailing Address 65 Bouknight Road		Amount of Each Receipt this Period 34.67	
City Johnston State SC Zip Code 29832-2505	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 208.02		
P/R Deduction (\$34.67 Monthly)			

Full Name (Last, First, Middle Initial) B. Mr. Steven J. Heussner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1307302	
Mailing Address 2717 Brookside Lane		Amount of Each Receipt this Period 84.00	
City McKinney State TX Zip Code 75070-4213	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 504.00		
P/R Deduction (\$84.00 Monthly)			

Full Name (Last, First, Middle Initial) C. Mr. Phillip J. Hildebrand		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1959302	
Mailing Address 12 Windsor Court		Amount of Each Receipt this Period 153.86	
City Purchase State NY Zip Code 10577-1000	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation E.V.P.&Co-Head of U.S. Insurance Opera Aggregate Year-to-Date ▼ 757.21		
P/R Deduction (\$76.93 Bi-Weekly)			

SUBTOTAL of Receipts This Page (optional) ▶	272.53
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Forrest Giles Hindley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2138302	
Mailing Address 24265 Castilla Lane		Amount of Each Receipt this Period 166.67	
City State Zip Code Mission Viejo CA 92691-4141	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$166.67 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34		

Full Name (Last, First, Middle Initial) B. Ms. Barbara F. Hinebaugh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1175302	
Mailing Address 3201 Westmont Place		Amount of Each Receipt this Period 50.00	
City State Zip Code the Villages FL 32162-7640	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$50.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Mr. Kenneth J. Hittel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR872302	
Mailing Address 250 W 90th Street Apt. 10H		Amount of Each Receipt this Period 60.00	
City State Zip Code New York NY 10024-1142	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President	P/R Deduction (\$30.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00		

SUBTOTAL of Receipts This Page (optional) ▶	276.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 170						
	(check only one)							
	<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

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. Robert A. Hodgkiss		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44891302	
Mailing Address Highland Parkway Suite 700		Amount of Each Receipt this Period 80.00	
City Downers Grove	State IL	Zip Code 60515	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 385.00	
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) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Joseph J. Hogan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67261302	
Mailing Address 8448 Eagle Preserve Way		Amount of Each Receipt this Period 50.00	
City Sarasota	State FL	Zip Code 34241-9449	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer New York Life Insurance Company	Occupation Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Troy K. Holman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44907302	
Mailing Address 210 Quisset Lane		Amount of Each Receipt this Period 70.00	
City Wayne	State PA	Zip Code 19087-2185	P/R Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 455.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Paul M. Holmes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR60641302
Mailing Address 3200 Beechleaf Court Suite 820		Amount of Each Receipt this Period 40.00
City Raleigh State NC Zip Code 27604-1063	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Managing Partner	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. John E. Horstmann		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2122302
Mailing Address 7684 Kincaid		Amount of Each Receipt this Period 90.00
City Fresno State CA Zip Code 93711-0363	FEC ID number of contributing federal political committee. C	P/R Deduction (\$90.00 Monthly)
Name of Employer New York Life Insurance Company Occupation Agent	Aggregate Year-to-Date 540.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. John H. Horstmann		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2069302
Mailing Address 804 Country View Circle		Amount of Each Receipt this Period 35.00
City Fresno State CA Zip Code 93720-0725	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Monthly)
Name of Employer New York Life Insurance Company Occupation Agent	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	165.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. John F. Horwitz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74158302	
Mailing Address 168 Upland Road		Amount of Each Receipt this Period 50.00	
City State Zip Code Sharon MA 02067-1749	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Senior Sales Development Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. Kenneth H. Hower		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR319302	
Mailing Address 123 West Houston Ave.		Amount of Each Receipt this Period 153.86	
City State Zip Code Clovis CA 93611	FEC ID number of contributing federal political committee. C		
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 ▼ 601.58		
		P/R Deduction (\$76.93 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Ms. Katherine Huebert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2070302	
Mailing Address 294 Robinwood Circle		Amount of Each Receipt this Period 35.00	
City State Zip Code Reedley CA 93654-2767	FEC ID number of contributing federal political committee. C		
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 ▼ 210.00		
		P/R Deduction (\$35.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	238.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Royse J. Huff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1867302	
Mailing Address 506 Fairway Place		Amount of Each Receipt this Period 83.34	
City Fairfield	State IA	Zip Code 52556-3630	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 500.04	

B. Full Name (Last, First, Middle Initial) Ms. Linda Hulbert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR544302	
Mailing Address PO Box 81402		Amount of Each Receipt this Period 41.67	
City Fairbanks	State AK	Zip Code 99708-1402	P/R Deduction (\$41.67 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 250.02	

C. Full Name (Last, First, Middle Initial) Mr. David M. Humbert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1674302	
Mailing Address 6802 Canon Wren Drive		Amount of Each Receipt this Period 80.00	
City Austin	State TX	Zip Code 78746-3803	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 520.00	

SUBTOTAL of Receipts This Page (optional) ▶	205.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Nicola Iannitelli		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR58613302	
Mailing Address 148 Brittany Court		Amount of Each Receipt this Period 76.94	
City Clifton	State NJ	Zip Code 07013-2672	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 333.88	
Name of Employer New York Life Insurance Company	Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Maryann L. Ingenito		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR252302	
Mailing Address 305 Edinboro Road		Amount of Each Receipt this Period 76.94	
City Staten Island	State NY	Zip Code 10306-1204	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 370.82	
Name of Employer New York Life Insurance Company	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Elisabeth M. Ingoldsby		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64245302	
Mailing Address 145 N Four Bridges Road		Amount of Each Receipt this Period 25.00	
City Long Valley	State NJ	Zip Code 07853-3214	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00	
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	178.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Pat Ingram Mailing Address 411 Norman City Cleveland State MS Zip Code 38732-9722 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1449302 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 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 ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Mr. Leonard Isaacs Mailing Address 66 Boulder Ridge Road City Scarsdale State NY Zip Code 10583-3150 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69471302 Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 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 ▼ 480.00		

C. Full Name (Last, First, Middle Initial) Mr. Anil Kumar Jain Mailing Address 6 Orleans Court City Commack State NY Zip Code 11725-4030 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70683302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Lalit Jallan Mailing Address 2114 Castleheath Court City State Zip Code Katy TX 77450-6072 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1631302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Mr. Jonathan R. Jaramillo Mailing Address 11 Turtle Ridge Court City State Zip Code Ridgefield CT 06877-1060 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2290302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 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 ▼ 926.23		

C. Full Name (Last, First, Middle Initial) Mr. Bradley J. Jensen Mailing Address 21 Whisperwood Circle City State Zip Code Lubbock TX 79416-3137 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57554302 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 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 ▼ 520.00		

SUBTOTAL of Receipts This Page (optional)	283.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gregory D. Jensen Mailing Address 16850 Berkshire Court City Sw Ranches State FL Zip Code 33331-1332 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1760302 Amount of Each Receipt this Period 153.86
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 730.87	P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. David L. Johnson Mailing Address 27694 Highway 30 City Glidden State IA Zip Code 51443-8807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85319302 Amount of Each Receipt this Period 50.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial) Mr. Jim Johnson Mailing Address 1635 Cliff Avenue City Duluth State MN Zip Code 55811-2101 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1726302 Amount of Each Receipt this Period 100.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 600.00	P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	303.86
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Kevin R. Johnson Mailing Address 1232 W 62nd Street City State Zip Code Kansas City MO 64113-1511 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1885302 Amount of Each Receipt this Period 166.67 P/R Deduction (\$166.67 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 ▼ 218.77		

B. Full Name (Last, First, Middle Initial) Mr. Harris Kagan Mailing Address 1608 Pandora Avenue City State Zip Code Los Angeles CA 90024-6114 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69462302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. Steven R. Kaniski Mailing Address 9403 Wiskey Bar City State Zip Code Loomis CA 95650-8881 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1412302 Amount of Each Receipt this Period 166.67 P/R Deduction (\$166.67 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 ▼ 583.32		

SUBTOTAL of Receipts This Page (optional)	383.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 170		
	<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

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

A. Full Name (Last, First, Middle Initial) Mr. Bernee V. Kapili M.D. Mailing Address 200 East End Avenue Apt. 14G City New York State NY Zip Code 10128-7891 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64242302 Amount of Each Receipt this Period 76.94
Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.50		P/R Deduction (\$38.47 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Ronald Karkela Mailing Address 7214 Maple Lane City Horace State ND Zip Code 58047-4711 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1720302 Amount of Each Receipt this Period 50.00
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 ▼ 325.00		P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. George M. Kay Mailing Address 8930 Colonial Place City Duluth State GA Zip Code 30097-6650 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44892302 Amount of Each Receipt this Period 40.00
Name of Employer New York Life Insurance Company Occupation Zone Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	166.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Johnson Kho Mailing Address 110 Westminster Road City State Zip Code Scarsdale NY 10583-2425 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR612302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mr. James J. Killgore Mailing Address 4123 Campus Green Lp City State Zip Code Lacey WA 98516-6241 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1933302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. Bill Kimbrough Mailing Address 5096 Cypress Lake Drive City State Zip Code Lake Park GA 31636-3140 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1409302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 170		
	<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

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. Jeff King		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8037 Lea Court		Transaction ID: PR1143302	
City State Zip Code Holland OH 43528-8042	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ _____ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Kim D. King		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8037 Lea Court		Transaction ID: PR1128302	
City State Zip Code Holland OH 43528-8042	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$80.00 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ _____ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Yoshio Kinjo		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 241 S Peralta Hills Drive		Transaction ID: PR2060302	
City State Zip Code Anaheim CA 92807-3425	Amount of Each Receipt this Period _____ 83.33		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$83.33 Monthly)	
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ _____ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 213.33
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 170
	<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

Full Name (Last, First, Middle Initial) A. Lee Kitzenberg		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5814 Vernon Lane		Transaction ID: PR71260302	
City Edina	State MN	Zip Code 55436-2250	Amount of Each Receipt this Period _____ 85.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 510.00	P/R Deduction (\$85.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Mark Koskovich		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5717 Cavender Drive		Transaction ID: PR2284302	
City Plano	State TX	Zip Code 75093-5966	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Michael J. Kraft		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59A Saddle Road		Transaction ID: PR2066302	
City Walnut Creek	State CA	Zip Code 94595-2743	Amount of Each Receipt this Period _____ 76.94
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 461.64	P/R Deduction (\$38.47 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 211.94
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Steven J. Kramer Mailing Address 111 W Ravine Court City State Zip Code Mequon WI 53092-0000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44874302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 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 ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Mr. Dan Kunhardt Mailing Address 11 Madison Circle City State Zip Code Greenfield MA 01301-2703 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR97302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. Joseph J. La Pietra Mailing Address 12601 Split Creek Court City State Zip Code North Potomac MD 20878-3999 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44893302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 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 ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Mr. Kinh-Huu Lam		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 991 Lurline Drive		Transaction ID: PR44872302	
City State Zip Code Foster City CA 94404-1832	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. John B. Langdon		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4109 Michael Neill Drive		Transaction ID: PR73518302	
City State Zip Code Austin TX 78730-1432	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Cvp - Ltc Zone Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Joe Kin Foo Lau		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11278 Del Golfo		Transaction ID: PR70716302	
City State Zip Code Yuma AZ 85367-8959	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gary N. Laurin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2253302	
Mailing Address 721 Hearst Way		Amount of Each Receipt this Period 34.66	
City Corona	State CA	Zip Code 92882-6397	P/R Deduction (\$34.66 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 207.96	

B. Full Name (Last, First, Middle Initial) Mr. James M. Lauzon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR39302	
Mailing Address 8 New Castle Drive		Amount of Each Receipt this Period 115.38	
City Avon	State CT	Zip Code 06001-3151	P/R Deduction (\$57.69 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
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 ▼ 626.14	

C. Full Name (Last, First, Middle Initial) Mr. Jon A. Law		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57549302	
Mailing Address 5 Mann Drive		Amount of Each Receipt this Period 153.86	
City Liverpool	State NY	Zip Code 13088-5477	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 881.58	

SUBTOTAL of Receipts This Page (optional) ▶	303.90
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Ronald J. LeFrancois		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4336 Verplanck Place		Transaction ID: PR132302	
City Washington	State DC	Amount of Each Receipt this Period 40.00	
Zip Code 20016-2428			
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. William F. Leisman, III		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4 Orchard Avenue		Transaction ID: PR70680302	
City Weston	State MA	Amount of Each Receipt this Period 83.34	
Zip Code 02193-2219			
FEC ID number of contributing federal political committee. C			
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 ▼ 500.04	P/R Deduction (\$83.34 Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Kenneth R. Lemonte		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3818 Cindy Lane		Transaction ID: PR84222302	
City Seven Hills	State OH	Amount of Each Receipt this Period 125.00	
Zip Code 44131-3119			
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00	P/R Deduction (\$125.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	248.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Scott L. Lenz Mailing Address 41 Bellevue Avenue City State Zip Code Summit NJ 07901-2007 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72959302 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President & Associate Tax Counsel Aggregate Year-to-Date ▼ 390.00	

B. Full Name (Last, First, Middle Initial) Mr. David E. Levee Mailing Address 982 Vernon Avenue City State Zip Code Glencoe IL 60022-1266 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1229302 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) Mr. Howard Levy Mailing Address 14 Strafford Lane City State Zip Code Bedford NH 03110-4536 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR534302 Amount of Each Receipt this Period 78.00 P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 507.00	

SUBTOTAL of Receipts This Page (optional)	173.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Terry K. Lewis		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5612 Dale Avenue		Transaction ID: PR1734302	
City Edina	State MN	Zip Code 55436-2469	Amount of Each Receipt this Period _____ 80.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 480.00	P/R Deduction (\$80.00 Monthly)	

B. Full Name (Last, First, Middle Initial) Mr. Suk-Ku Lim		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3620 Stanford Circle		Transaction ID: PR70702302	
City Falls Church	State VA	Zip Code 22041-1317	Amount of Each Receipt this Period _____ 40.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 240.00	P/R Deduction (\$40.00 Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. William R. Lindsey		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 664 South Wabash Avenue		Transaction ID: PR54323302	
City Redlands	State CA	Zip Code 92374-6428	Amount of Each Receipt this Period _____ 83.33
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 499.98	P/R Deduction (\$83.33 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 203.33
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Donald E. Lippencott		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 743 Pinetree Court		Transaction ID: PR61382302	
City State Zip Code Point Jefferson NY 11777-1974	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00	P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Ms. Jenny Sunsim Louie		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 72-16 267th Street		Transaction ID: PR54033302	
City State Zip Code Floral Park NY 11004-1022	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 240.00	P/R Deduction (\$40.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Frank Lusk		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 15185 Wood Duck Trail Northwest		Transaction ID: PR58615302	
City State Zip Code Prior Lake MN 55372-0000	Amount of Each Receipt this Period 153.86		
FEC ID number of contributing federal political committee. C			
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 ▼ 811.58	P/R Deduction (\$76.93 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	293.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. William F. Lyon Mailing Address 3809 Arbor Lane City Cincinnati State OH Zip Code 45255-5628 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1114302 Amount of Each Receipt this Period 41.67 P/R Deduction (\$41.67 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 ▼ 250.02		

B. Full Name (Last, First, Middle Initial) Mr. David A. Lyons Mailing Address 5 Hawthorne Lane City Lawrence State NY Zip Code 11559-2520 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1804302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Mr. J. Peter Lyons Mailing Address 54 Cranmore Road City Wellesley State MA Zip Code 02181-1330 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113302 Amount of Each Receipt this Period 83.35 P/R Deduction (\$83.35 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 ▼ 500.10		

SUBTOTAL of Receipts This Page (optional)	175.02
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Jerry Macias		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2143302	
Mailing Address 1530 Avenida Quintas		Amount of Each Receipt this Period 50.00	
City State Zip Code Las Cruces NM 88001-3509	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Monthly)
Name of Employer New York Life Insurance Company	Occupation Agent	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Leonard J. Mackesy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66027302	
Mailing Address 8 Hillside Avenue		Amount of Each Receipt this Period 50.00	
City State Zip Code Kearny NJ 07032-1633	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Cvp - Security	Aggregate Year-to-Date ▼ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Mark J. Madgett		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44895302	
Mailing Address 24634 Southeast 9th Place		Amount of Each Receipt this Period 153.86	
City State Zip Code Sammamish WA 98074-0000	FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Managing Partner	Aggregate Year-to-Date ▼ 844.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	253.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Lindsay J. Malkiewich		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73504302	
Mailing Address 7 Bent Birch Place		Amount of Each Receipt this Period 50.00	
City Parsippany	State NJ	Zip Code 07054-2215	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Mr. Sam Mancino		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74516302	
Mailing Address 106 Four Winds Drive		Amount of Each Receipt this Period 38.48	
City Middletown	State NJ	Zip Code 07748-3143	P/R Deduction (\$19.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Managing Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.44		

C. Full Name (Last, First, Middle Initial) Mr. Jeff Marsh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1917302	
Mailing Address 1749 W 15th Avenue		Amount of Each Receipt this Period 83.33	
City Torrington	State WY	Zip Code 82240-3706	P/R Deduction (\$83.33 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 499.98		

SUBTOTAL of Receipts This Page (optional) ▶	171.81
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Robert P. Mason Mailing Address 7 Glarus Court City State Zip Code Fairport NY 14450-4641 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44914302 Amount of Each Receipt this Period 90.00 P/R Deduction (\$45.00 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 ▼ 585.00		

B. Full Name (Last, First, Middle Initial) Mr. Theodore A. Mathas Mailing Address 14 Cole Drive City State Zip Code Armonk NY 10504-3011 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR932302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation E.V.P.&Co-Head of U.S. Insurance Opera Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 704.83		

C. Full Name (Last, First, Middle Initial) Mr. William Mattox Mailing Address 3742 N Tazewell Street City State Zip Code Arlington VA 22207-0000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86098302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation First Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 846.23		

SUBTOTAL of Receipts This Page (optional)	397.72
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Steve Maus		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1702302	
Mailing Address 4821 Augusta Drive		Amount of Each Receipt this Period 83.34	
City Frisco	State TX	Zip Code 75034-6841	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 500.04		

B. Full Name (Last, First, Middle Initial) Mr. Scott Maycock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1934302	
Mailing Address 359 County Road #250		Amount of Each Receipt this Period 50.00	
City Durango	State CO	Zip Code 81301-6976	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Ms. Carol S. Mayer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64268302	
Mailing Address 27 Spook Ridge Road		Amount of Each Receipt this Period 38.50	
City U Saddle River	State NJ	Zip Code 07458-1525	P/R Deduction (\$19.25 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation V.P. & Associate General Counsel Aggregate Year-to-Date ▼ 250.25		

SUBTOTAL of Receipts This Page (optional) ▶	171.84
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Mark James McAdams		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61497302
Mailing Address 2402 Laureldale Park Lane		Amount of Each Receipt this Period 50.00
City State Zip Code Spring TX 77386-2974	P/R Deduction (\$50.00 Monthly)	
FEC ID number of contributing federal political committee. C		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas S. McArdle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87101302
Mailing Address 10 Boyd Road		Amount of Each Receipt this Period 76.94
City State Zip Code Hazlet NJ 07730-1461	P/R Deduction (\$38.47 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	

Full Name (Last, First, Middle Initial) C. Mr. Peter J. McAvinn		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74302
Mailing Address 49 Fiske Road		Amount of Each Receipt this Period 153.86
City State Zip Code Wellesley MA 02481-3423	P/R Deduction (\$76.93 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		
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 ▼ 706.58	

SUBTOTAL of Receipts This Page (optional) ▶	280.80
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 170		
	<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

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

Full Name (Last, First, Middle Initial) A. Ms. Elizabeth W. McCarthy		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 124 College Place		Transaction ID: PR64273302		
City State Zip Code South Orange NJ 07079-2506	Amount of Each Receipt this Period _____ 76.94		P/R Deduction (\$38.47 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation First Vice President Aggregate Year-to-Date ▼ _____ 346.35	_____		

Full Name (Last, First, Middle Initial) B. Ms. Veronica E. McCarthy		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 67118 Dartmouth Street		Transaction ID: PR250302		
City State Zip Code Forest Hills NY 11375-4148	Amount of Each Receipt this Period _____ 38.48		P/R Deduction (\$19.24 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Assistant Vice President - Claims Aggregate Year-to-Date ▼ _____ 231.40	_____		

Full Name (Last, First, Middle Initial) C. Mr. Ronald O. McCombs		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1663 Baywood Drive		Transaction ID: PR67003302		
City State Zip Code Concord CA 94521-1252	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		_____		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sales Development Manager Aggregate Year-to-Date ▼ _____ 215.00	_____		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 165.42
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 170
	<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. Full Name (Last, First, Middle Initial) Ms. Barbara J. McInerney Mailing Address 510 E 23rd Street City New York State NY Zip Code 10010-5012 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57513302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Svp - Corporate Compliance Aggregate Year-to-Date ▼ 397.49	

B. Full Name (Last, First, Middle Initial) Mr. Robert McKinley Mailing Address 269 Bryn Mawr Circle City Houston State TX Zip Code 77024-6811 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1630302 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President - Pacific Agenci Aggregate Year-to-Date ▼ 573.00	

C. Full Name (Last, First, Middle Initial) Mr. Jerry B. McKinney Mailing Address 26905 Stockdick School Road City Katy State TX Zip Code 77493-6415 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44896302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 459.70	

SUBTOTAL of Receipts This Page (optional)	253.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Robert A. McLoughlin Mailing Address 6 Hollywood Drive City Dobbs Ferry State NY Zip Code 10522-3009 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66024302 Amount of Each Receipt this Period 50.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. James P. McNicholas Mailing Address 32 Kinzley Street City Little Ferry State NJ Zip Code 07643-1006 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR46768302 Amount of Each Receipt this Period 50.00
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Director Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. Steven D. Meier Mailing Address 4575 Lanercost Way City Columbus State OH Zip Code 43220-2916 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1180302 Amount of Each Receipt this Period 41.67
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 250.02	P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)	141.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Steven T. Mindak		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1952302	
Mailing Address 9290 E Thompson Peak Parkway Lot 4		Amount of Each Receipt this Period 100.00	
City Scottsdale	State AZ	Zip Code 85255-4514	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Mr. Amrit Mittal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1279302	
Mailing Address 215 Rugeley Rdd		Amount of Each Receipt this Period 84.00	
City Western Springs	State IL	Zip Code 60558-1954	P/R Deduction (\$84.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 504.00	

C. Full Name (Last, First, Middle Initial) Mr. John G. Morris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR229302	
Mailing Address 27 Noelle Court		Amount of Each Receipt this Period 32.00	
City Amityville	State NY	Zip Code 11701-0000	P/R Deduction (\$16.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Systems Accountant Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional) ▶	216.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 170		
	<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

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

A. Full Name (Last, First, Middle Initial)
Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City State Zip Code
Santa Ana CA 92706-1943

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 ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1839302

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey A. Morrison

Mailing Address 1451 Radbill Circle

City State Zip Code
Berwyn PA 19312-2502

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 ▼
500.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR796302

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial)
Ms. Marguerite E. Morrison

Mailing Address 20 West 86th Street #6A

City State Zip Code
New York NY 10024-3604

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR69660302

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	203.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Kent E. Moss		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1078302
Mailing Address 11409 Paldao Road		Amount of Each Receipt this Period 100.00
City Tampa State FL Zip Code 33618-3923	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 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 ▼ 583.34		

Full Name (Last, First, Middle Initial) B. Mr. Brian A. Murdock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR7452302
Mailing Address 23 Running Cedar Road		Amount of Each Receipt this Period 153.86
City Princeton State NJ Zip Code 08540-7561	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 778.51		

Full Name (Last, First, Middle Initial) C. Mr. Thomas J. Murray, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR139302
Mailing Address 65 Spinning Wheel		Amount of Each Receipt this Period 52.00
City Trumbull State CT Zip Code 06611-2674	FEC ID number of contributing federal political committee. C	P/R Deduction (\$26.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Cvp - Compliance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 338.00		

SUBTOTAL of Receipts This Page (optional) ▶	305.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. David L. Mussehl

Mailing Address 17 Nature Lane

City State Zip Code
Shelton CT 06484-4220

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.25

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR57522302

Amount of Each Receipt this Period
153.86

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

B. Full Name (Last, First, Middle Initial)
Ms. Helen M. Napoli

Mailing Address 2 Oxford Road

City State Zip Code
Caldwell NJ 07006-4216

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

Name of Employer
New York Life Insurance Company

Occupation
Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR66025302

Amount of Each Receipt this Period
50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. C. Stuart Nelson

Mailing Address 2424 Honeysuckle Road

City State Zip Code
Chapel Hill NC 27514-6820

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 ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR987302

Amount of Each Receipt this Period
35.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	238.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Mark F. Nestleroth

Mailing Address 1741 Airy Hill Road

City State Zip Code
Manheim PA 17545-8531

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 ▼
208.02

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR743302

Amount of Each Receipt this Period
34.67

P/R Deduction (\$34.67 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. George Nichols, III

Mailing Address 6449 Renwick Circle

City State Zip Code
Tampa FL 33647-1176

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

Name of Employer
New York Life Insurance Company

Occupation
Svp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.71

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1372302

Amount of Each Receipt this Period
153.86

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

C. Full Name (Last, First, Middle Initial)
Mr. Randell T. Nichols

Mailing Address 3818 Cedar Bluff Court Northeast

City State Zip Code
Cedar Rapids IA 52411-0000

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
539.50

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1576302

Amount of Each Receipt this Period
83.00

P/R Deduction (\$41.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	271.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial)
Mr. C. Ernie Nivens

Mailing Address 3320 Randolph Park Cr

City State Zip Code
Gastonia NC 28056-6675

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 ▼
500.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1013302

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael Noland

Mailing Address 5933 S Knoxville

City State Zip Code
Tulsa OK 74135-7806

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 ▼
836.68

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1569302

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. L. Bruce Nole

Mailing Address 3684 Paradise Road Apt. C1032

City State Zip Code
Las Vegas NV 89109-0000

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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2207302

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	350.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. John H. O'Byrne		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18 Crowne Pond Lane		Transaction ID: PR327302	
City Wilton	State CT	Zip Code 06897-3029	Amount of Each Receipt this Period _____ 70.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 385.00		
		P/R Deduction (\$35.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. John J. O'Gara		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8 Rock Ridge Court		Transaction ID: PR87091302	
City New Fairfield	State CT	Zip Code 06812-3300	Amount of Each Receipt this Period _____ 76.94
FEC ID number of contributing federal political committee. C _____			
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.82		
		P/R Deduction (\$38.47 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Thomas J. O'Grady		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6006 Three Rivers Drive		Transaction ID: PR65437302	
City Harrisburg	State PA	Zip Code 17112-3553	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 325.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	_____ 196.94
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. David A. Odom		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57557302
Mailing Address 24719 Bogey Ridge		Amount of Each Receipt this Period 50.00
City State Zip Code San Antonio TX 78258-4805	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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 ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael M. Oleske		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR308302
Mailing Address 59 The Neck		Amount of Each Receipt this Period 76.94
City State Zip Code Manhasset NY 11030-1315	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Svp & Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.82	

Full Name (Last, First, Middle Initial) C. Mr. Todd Olig		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21273302
Mailing Address 1006 Dewey Street		Amount of Each Receipt this Period 50.00
City State Zip Code Kiel WI 53042-1242	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	176.94
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 170
	<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. Full Name (Last, First, Middle Initial) Ms. Cande J. Olsen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR656302	
Mailing Address 85 Canterbury Road		Amount of Each Receipt this Period 153.86	
City Chatham	State NJ	Zip Code 07928-2901	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp - Regulatory Modernization		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 761.58	

B. Full Name (Last, First, Middle Initial) Mr. Ken Olson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1356302	
Mailing Address PO Box 100		Amount of Each Receipt this Period 175.00	
City Black River Falls	State WI	Zip Code 54615-0100	P/R Deduction (\$175.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Mr. Rob Ostberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR90302	
Mailing Address 48 Greenleaf Drive		Amount of Each Receipt this Period 50.00	
City Northampton	State MA	Zip Code 01060-9768	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	378.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Ralph P. Owen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61327302
Mailing Address 3317 Highway 63		Amount of Each Receipt this Period 50.00
City Bloomfield State IA Zip Code 52537-8063	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial) Ms. Mangala K. Pai-Panandiker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1722302
Mailing Address 19425 Vineridge Road		Amount of Each Receipt this Period 83.34
City Excelsior State MN Zip Code 55331-9173	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 500.04	P/R Deduction (\$83.34 Monthly)

C. Full Name (Last, First, Middle Initial) Mr. Jonathan T. Paone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR60596302
Mailing Address 57 Van Doren Avenue		Amount of Each Receipt this Period 38.48
City Chatham State NJ Zip Code 07928-2213	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Cvp - Government Affairs Aggregate Year-to-Date ▼ 220.44	P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	171.82
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Salwyn M. Parker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1092302	
Mailing Address 505 Woodbine Lane		Amount of Each Receipt this Period 50.00	
City El Paso	State TX	Zip Code 79912-1352	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation G.O. Agency Standards Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

B. Full Name (Last, First, Middle Initial) Mr. G. Joseph Pasman, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1330302	
Mailing Address 7397 Heather Ridge Southeast		Amount of Each Receipt this Period 50.00	
City Caledonia	State MI	Zip Code 49316-9010	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mr. Paul T. Pasteris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85351302	
Mailing Address 7 Crestview Drive		Amount of Each Receipt this Period 76.94	
City South Deerfield	State MA	Zip Code 01373-0000	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp - Retirement Income		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.82	

SUBTOTAL of Receipts This Page (optional) ▶	176.94
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Narottam Narandas Patel		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 10 B Ashwood Mall		Transaction ID: PR21172302	
City State Zip Code Old Bridge NJ 08857-2015		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C			
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 ▼ 500.04	
		P/R Deduction (\$83.34 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Raman K. Patel		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 3281 Pleasant Run		Transaction ID: PR1259302	
City State Zip Code Northbrook IL 60062-7411		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 600.00	
		P/R Deduction (\$100.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Ms. Lydia Patricia		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2627 Alemany Boulevard		Transaction ID: PR85330302	
City State Zip Code San Francisco CA 94112-4101		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00	
		P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	233.34
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Jean-Louis M. Pedat		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66022302	
Mailing Address 80 Varick Street #1G		Amount of Each Receipt this Period 80.00	
City State Zip Code New York NY 10013-1924	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Cvp - Internet Management	P/R Deduction (\$40.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Mr. Gideon A. Pell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR224302	
Mailing Address 61 Holbrook Drive		Amount of Each Receipt this Period 153.86	
City State Zip Code Stamford CT 06906-1514	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp	P/R Deduction (\$76.93 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 778.51		

Full Name (Last, First, Middle Initial) C. Mr. Douglas W. Pelz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64543302	
Mailing Address 1411 Elderbery Circle		Amount of Each Receipt this Period 50.00	
City State Zip Code Coeur ID 83815-6556	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$50.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	283.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 170
	<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	

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. Full Name (Last, First, Middle Initial) Mr. John Pereira Mailing Address 2815 E 10th Street City the Dalles State OR Zip Code 97058-4020 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61437302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

B. Full Name (Last, First, Middle Initial) Mr. Robert Hinckley Perry Mailing Address 1227 E Meadows Ridge Road City Sandy State UT Zip Code 84094-5713 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2104302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 416.70		

C. Full Name (Last, First, Middle Initial) Mr. Jeff Peryman Mailing Address 6600 W 20th Street #43 City Greeley State CO Zip Code 80634-9688 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56617302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	216.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Mark W. Pfaff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR584302
Mailing Address 330 Stockbridge Road		Amount of Each Receipt this Period 153.86
City State Zip Code Charlotte VT 05445-9356	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Svp - Agency	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 962.23	

B. Full Name (Last, First, Middle Initial) Mr. Michael T. Piotrowicz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR777302
Mailing Address 504 Anthony Drive		Amount of Each Receipt this Period 90.00
City State Zip Code Plymouth Mtng PA 19462-1040	FEC ID number of contributing federal political committee. C	P/R Deduction (\$90.00 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 ▼ 540.00	

C. Full Name (Last, First, Middle Initial) Ms. Anne F. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR587302
Mailing Address 44 Gramercy Park N Apt. 9D		Amount of Each Receipt this Period 153.86
City State Zip Code New York NY 10010-6310	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Svp & Chief Investment Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.17	

SUBTOTAL of Receipts This Page (optional) ▶	397.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Jerry Prentice

Mailing Address 6003 Wilmington Drive

City State Zip Code
Burke VA 22015-3823

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 ▼
205.98

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR942302

Amount of Each Receipt this Period
34.33

P/R Deduction (\$34.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald G. Presley

Mailing Address 4502 Obispo Avenue

City State Zip Code
Lakewood CA 90712-3647

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

Name of Employer
New York Life Insurance Company

Occupation
Life Product Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.04

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2257302

Amount of Each Receipt this Period
46.16

P/R Deduction (\$23.08 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Christopher J. Prudhomme

Mailing Address 502 Princeton Woods Loop

City State Zip Code
Lafayette LA 70508-6672

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1538302

Amount of Each Receipt this Period
76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	157.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Todd Purich Mailing Address 6332 Battlevue Drive City Raleigh State NC Zip Code 27613-7148 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54768302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mr. Michael C. Quilter Mailing Address PO Box 619 City London State OH Zip Code 43140-8731 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1155302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. Andrew William Rawding Mailing Address 19 Herald Drive City Queensbury State NY Zip Code 12804-9187 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54060302 Amount of Each Receipt this Period 80.00 P/R Deduction (\$80.00 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 ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Stephen G. Ray		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 225 Montair Drive		Transaction ID: PR1588302	
City Danville	State CA	Amount of Each Receipt this Period 153.86	
Zip Code 94526-3742			
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior V.P. - West Central Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.23	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Roberto Recine		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 12800 Cumberland Circle		Transaction ID: PR561302	
City Anchorage	State AK	Amount of Each Receipt this Period 40.00	
Zip Code 99516-2746			
FEC ID number of contributing federal political committee. C			
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 ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Thomas J. Reilly		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11 Running Deer Road		Transaction ID: PR73476302	
City Dartmouth	State MA	Amount of Each Receipt this Period 76.92	
Zip Code 02747-1351			
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	270.78
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Andrew N. Reiss		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR118302	
Mailing Address 747 Sandy Run Road		Amount of Each Receipt this Period 32.30	
City Yardley State PA Zip Code 19067-2923	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 209.95		
		P/R Deduction (\$16.15 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Martin A. Rexroad		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86169302	
Mailing Address 41 Highmont Drive		Amount of Each Receipt this Period 50.00	
City West Windsor State NJ Zip Code 08550-3522	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 250.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. John T. Richards		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85326302	
Mailing Address 5801 Papaya Northeast		Amount of Each Receipt this Period 83.34	
City Albuquerque State NM Zip Code 87111-6223	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 500.04		
		P/R Deduction (\$83.34 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	165.64
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Guy Richardson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1866302
Mailing Address 1151 Southwest Mission Avenue		Amount of Each Receipt this Period 35.00
City State Zip Code Topeka KS 66604-1856	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Mr. Gilbert A. Ridgely, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR819302
Mailing Address 314 Mannering Drive		Amount of Each Receipt this Period 75.00
City State Zip Code Dover DE 19901-5407	FEC ID number of contributing federal political committee. C	P/R Deduction (\$75.00 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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Mr. George N. Ridings		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1362302
Mailing Address 887 West Main Street		Amount of Each Receipt this Period 40.00
City State Zip Code Richmond KY 40475-1169	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Thomas Wesley Robinson, Jr. Mailing Address 907 Tarrington Court City State Zip Code Houston TX 77024-3112 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1690302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

B. Full Name (Last, First, Middle Initial) Mr. Gerard A. Rocchi Mailing Address 789 Mount Laurel City State Zip Code Fairfield CT 06824-2426 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR351302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Svp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 884.71		

C. Full Name (Last, First, Middle Initial) Mr. John Rocco Clu Msfs Mailing Address 16 Midland Road City State Zip Code Lynnfield MA 01940-1265 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR80302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

SUBTOTAL of Receipts This Page (optional)	320.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Robert D. Rock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR279302
Mailing Address 8 Park Place		Amount of Each Receipt this Period 38.48
City State Zip Code Short Hills NJ 07078-2826	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Svp - Individual Annuity Aggregate Year-to-Date ▼ 250.12	

B. Full Name (Last, First, Middle Initial) Ms. Sharon A. Rockett		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2011302
Mailing Address 310 6th Street		Amount of Each Receipt this Period 50.00
City State Zip Code Raymond WA 98577-2503	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Monthly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mr. Mark H. Rodden		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66980302
Mailing Address 17 Old Mail Road		Amount of Each Receipt this Period 153.86
City State Zip Code Amherst NH 03031-1634	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.93 Bi-Weekly)
Name of Employer New York Life Insurance Company Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Managing Partner Aggregate Year-to-Date ▼ 531.58	

SUBTOTAL of Receipts This Page (optional) ▶	242.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Charlton Rogers, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1054302
Mailing Address 1557 E Hencart Road		Amount of Each Receipt this Period 40.00
City Glennville	State GA	Zip Code 30427-3108
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Mr. Craig Roslien		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1742302
Mailing Address 4210 Queens Way		Amount of Each Receipt this Period 40.00
City Minnetonka	State MN	Zip Code 55345-3033
FEC ID number of contributing federal political committee. C		P/R Deduction (\$40.00 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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Mr. Charles F. Rowell, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR940302
Mailing Address 1611 Blackburn Heights Drive		Amount of Each Receipt this Period 153.86
City Sewickley	State PA	Zip Code 15143-8627
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.93 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 ▼ 730.87	

SUBTOTAL of Receipts This Page (optional) ▶	233.86
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 170
	<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. Eric S. Rubin		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 419 Freeman Avenue		Transaction ID: PR416302	
City State Zip Code Oceanside NY 11572-4506	Amount of Each Receipt this Period _____ 153.86		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 811.58	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Ms. Joyce B. Russell		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1005 Fraser Avenue Southeast		Transaction ID: PR44898302	
City State Zip Code Huntsville AL 35801-3138	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior G.O. Agency Standards Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 325.00	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Jim Rutledge		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 132 4th Street		Transaction ID: PR2234302	
City State Zip Code Seal Beach CA 90740-6011	Amount of Each Receipt this Period _____ 34.66		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 207.96	P/R Deduction (\$34.66 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 238.52
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 170
	<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	

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. Full Name (Last, First, Middle Initial) Ms. Aurora Saenz Mailing Address 2002 S Westgate Drive City State Zip Code Weslaco TX 78596-9310 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1640302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

B. Full Name (Last, First, Middle Initial) Mr. Roy Salmon Mailing Address 4255 Alta Vista Avenue City State Zip Code Santa Rosa CA 95404-1906 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56626302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

C. Full Name (Last, First, Middle Initial) Mr. Kulbhusan L. Sareen Mailing Address 405 Darrell Road City State Zip Code Hillsborough CA 94010-6709 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2228302 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 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 ▼ 1027.72		

SUBTOTAL of Receipts This Page (optional)	320.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Douglas G. Sawicki		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR218302	
Mailing Address 964 Thompson Drive		Amount of Each Receipt this Period 38.48	
City Bay Shore	State NY	Zip Code 11706-7505	P/R Deduction (\$19.24 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 211.96	
Name of Employer New York Life Insurance Company	Occupation Cvp - Information Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Frank Scarpa		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR559302	
Mailing Address 5 Abbington Way		Amount of Each Receipt this Period 153.86	
City Morristown	State NJ	Zip Code 07960-3314	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 730.87	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Robert V. Schechter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1323302	
Mailing Address 1448 Lakewood Drive		Amount of Each Receipt this Period 34.66	
City Bloomfld Hills	State MI	Zip Code 48302-2751	P/R Deduction (\$34.66 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 207.96	
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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	227.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Peter W. Scheid

Mailing Address 3175 Scarborough Road

City Cleveland Heights State OH Zip Code 44118-4049

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1191302

Amount of Each Receipt this Period 50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Albert J. Schiif

Mailing Address 11 Mohawk Lane

City Greenwich State CT Zip Code 06831-3125

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

Name of Employer New York Life Insurance Company Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR21559302

Amount of Each Receipt this Period 153.86

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

C. Full Name (Last, First, Middle Initial)
Mr. Barry A. Schub

Mailing Address 4 Wren Court

City Morristown State NJ Zip Code 07960-6346

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

Name of Employer New York Life Insurance Company Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR61569302

Amount of Each Receipt this Period 38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **242.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial) Mr. Lawson J. Schuford, Jr. Mailing Address 201 Plano Street City State Zip Code Shreveport LA 71103-2056 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1610302 Amount of Each Receipt this Period 41.70 P/R Deduction (\$41.70 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 ▼ 250.20		

B. Full Name (Last, First, Middle Initial) Mr. Curtis T. Schultz Mailing Address 2204 Cherokee City State Zip Code Valparaiso IN 46383-2284 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1252302 Amount of Each Receipt this Period 166.67 P/R Deduction (\$166.67 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 ▼ 933.35		

C. Full Name (Last, First, Middle Initial) Mr. William Schultz Mailing Address PO Box 489 City State Zip Code Shelton WA 98584-0489 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61474302 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	243.37
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. John P. Schwan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1320 N Arch		Transaction ID: PR1897302	
City State Zip Code Aberdeen SD 57401-2147	Amount of Each Receipt this Period _____ 166.67		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 916.69	P/R Deduction (\$166.67 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Thomas T. Schwaninger		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 29218 Howell Point Road		Transaction ID: PR71792302	
City State Zip Code Trappe MD 21673-1843	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Ms. Amelia Scott		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3920 Arkwright Road Suite 160		Transaction ID: PR44880302	
City State Zip Code Macon GA 31210-0000	Amount of Each Receipt this Period _____ 76.94		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 288.88	P/R Deduction (\$38.47 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 283.61
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Michael F. Scovel Mailing Address 1501 E Central Road #327 City State Zip Code Arlington Heights IL 60005-0000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44900302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 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 ▼ 378.88		

B. Full Name (Last, First, Middle Initial) Mr. Arthur H. Seter Mailing Address 1 Merion Drive City State Zip Code Purchase NY 10577-1301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64266302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Senior Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 298.16		

C. Full Name (Last, First, Middle Initial) Mr. Puneet Seth Mailing Address 3 Saint Georges Road City State Zip Code East Brunswick NJ 08816-4626 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65434302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Senior Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	203.88
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Ms. Kornelia Seyfried-Caulo		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 Ellensue Drive		Transaction ID: PR361302	
City State Zip Code Deer Park NY 11729-1025	Amount of Each Receipt this Period _____ 34.67		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 208.02	P/R Deduction (\$34.67 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. George R. Shadie		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address Sand Springs 57 Teaberry Drive		Transaction ID: PR724302	
City State Zip Code Drums PA 18222-0000	Amount of Each Receipt this Period _____ 83.34		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 500.04	P/R Deduction (\$83.34 Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Joel A. Shapiro		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 200 E 66th Street #302D		Transaction ID: PR293302	
City State Zip Code New York NY 10021-9188	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 240.00	P/R Deduction (\$40.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 158.01
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Thomas P. Shea		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR527302
Mailing Address 20 Makanna Drive		Amount of Each Receipt this Period 76.94
City State Zip Code Huntington NY 11743-2935	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation First Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.82	

Full Name (Last, First, Middle Initial) B. Mr. Michael Shock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71761302
Mailing Address 21 Rebecca Lane		Amount of Each Receipt this Period 50.00
City State Zip Code Conway AR 72032-4961	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Alan H. Shortell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR63216302
Mailing Address 161 Farrington Avenue		Amount of Each Receipt this Period 38.48
City State Zip Code Sleepy Hollow NY 10591-1304	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

SUBTOTAL of Receipts This Page (optional) ▶	165.42
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Frederick J. Sievert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1312302	
Mailing Address 260 S Lake Drive		Amount of Each Receipt this Period 153.86	
City Stamford	State CT	Zip Code 06903-1028	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 581.98	
Name of Employer New York Life Insurance Company	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Alan Silver		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21375302	
Mailing Address 1000 Marina Village Parkway Suite		Amount of Each Receipt this Period 90.00	
City Alameda	State CA	Zip Code 94501-6457	P/R Deduction (\$90.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 540.00	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Ross-Morris Sims		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1421302	
Mailing Address 91 Valley View Road		Amount of Each Receipt this Period 50.00	
City Cortlandt Manor	State NY	Zip Code 10567-1235	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 325.00	
Name of Employer New York Life Insurance Company	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	293.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Ralph K. Sklar		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR575302
Mailing Address 6632 Liggett Drive		Amount of Each Receipt this Period 35.00
City State Zip Code Oakland CA 94611-3204	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 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 ▼ 210.00	

B. Full Name (Last, First, Middle Initial) Mr. Jeffrey W. Slattery		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1331302
Mailing Address 4052 Walton Ridge Court		Amount of Each Receipt this Period 50.00
City State Zip Code Mason OH 45040-5916	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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 ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Ms. Eileen T. Slevin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR289302
Mailing Address 32 Dykers Farm Road		Amount of Each Receipt this Period 38.48
City State Zip Code North Haledon NJ 07508-2649	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Svp	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.12	

SUBTOTAL of Receipts This Page (optional) ▶	123.48
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 170
	<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	

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. Full Name (Last, First, Middle Initial) Mr. Beaver Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1515302	
Mailing Address 3922 Patterson Road		Amount of Each Receipt this Period 41.67	
City State Zip Code New Orleans LA 70114-1809	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$41.67 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

B. Full Name (Last, First, Middle Initial) Mr. David Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2307302	
Mailing Address 10810 Executive Drive Suite 301		Amount of Each Receipt this Period 153.86	
City State Zip Code Little Rock AR 72211-0000	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$76.93 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.44		

C. Full Name (Last, First, Middle Initial) Mr. Hugh J. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57563302	
Mailing Address 10 Rock Road		Amount of Each Receipt this Period 80.00	
City State Zip Code Attleboro MA 02703-4454	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Partner	P/R Deduction (\$40.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	275.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. James J. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74530302
Mailing Address 22 Palmer Terrace		Amount of Each Receipt this Period 40.00
City Riverside State CT Zip Code 06878-2103	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Occupation Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 260.00		P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. James M. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56628302
Mailing Address 6414 Hickorycrest Drive		Amount of Each Receipt this Period 40.00
City Spring State TX Zip Code 77389-5230	FEC ID number of contributing federal political committee. C	
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 ▼ 240.00		P/R Deduction (\$40.00 Monthly)

C. Full Name (Last, First, Middle Initial) Ms. Jeannette L. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21534302
Mailing Address 3734 Vancouver Drive		Amount of Each Receipt this Period 50.00
City Reno State NV Zip Code 89511-6048	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Occupation Manager - Life Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 325.00		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. Robert J. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 39856 Morningside		Transaction ID: PR366302	
City State Zip Code Rancho Mirage CA 92270-3016	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 480.00	P/R Deduction (\$80.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Robert L. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 99 Cascade Road		Transaction ID: PR752302	
City State Zip Code Stamford CT 06903-4226	Amount of Each Receipt this Period _____ 153.86		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 730.87	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Thomas H. Smoot, II		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 102 Park Avenue PO Box 21755		Transaction ID: PR1052302	
City State Zip Code St. Simons Island GA 31522-0855	Amount of Each Receipt this Period _____ 166.67		
FEC ID number of contributing federal political committee. C			
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 ▼ _____ 666.66	P/R Deduction (\$166.67 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 400.53
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. David R. Somerville, Jr. Mailing Address 725 Rosarita City Fullerton State CA Zip Code 92835-1842 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1926302 Amount of Each Receipt this Period 34.66 P/R Deduction (\$34.66 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 ▼ 207.96		

B. Full Name (Last, First, Middle Initial) Mr. Enrico R. Sorrentino Mailing Address 1256 Turnbury Lane City North Wales State PA Zip Code 19454-3658 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR262302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 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 ▼ 325.00		

C. Full Name (Last, First, Middle Initial) Ms. Alison Flaum Souksamlane Mailing Address 15035 Stonetower City San Antonio State TX Zip Code 78248-2706 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR409302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 500.04		

SUBTOTAL of Receipts This Page (optional)	168.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Jerry L. Spivey

Mailing Address 1307 Fairway Drive

City State Zip Code
Elberton GA 30635-2611

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1048302

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Michael E. Sproule

Mailing Address 16 Middle Beach Road

City State Zip Code
Madison CT 06443-3053

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

Name of Employer
New York Life Insurance Company

Occupation
E.V.P. & Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.95

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR570302

Amount of Each Receipt this Period
153.86

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

C. Full Name (Last, First, Middle Initial)
Allen W. St Amour

Mailing Address 578 Brakel Point Drive

City State Zip Code
Traverse City MI 49684-8292

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 ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR61393302

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	243.86
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Gerry Stadler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1351302	
Mailing Address E10011 Fawn Lane		Amount of Each Receipt this Period 50.00	
City Reedsburg	State WI	Zip Code 53959-9632	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mr. Tom Staebler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1165302	
Mailing Address 7303 Red Bank Road		Amount of Each Receipt this Period 35.00	
City Westerville	State OH	Zip Code 43082-8241	P/R Deduction (\$35.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 210.00	

C. Full Name (Last, First, Middle Initial) Mr. John B. Stagg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1507302	
Mailing Address 8816 S Lakewood Court		Amount of Each Receipt this Period 153.86	
City Tulsa	State OK	Zip Code 74137-3124	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Managing Partner Aggregate Year-to-Date ▼ 636.58	

SUBTOTAL of Receipts This Page (optional) ▶	238.86
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Ms. Tema L. Steele		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR764302	
Mailing Address 104 Van Buren Road		Amount of Each Receipt this Period 83.34	
City State Zip Code Voorhees NJ 08043-2354	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$83.34 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04		

B. Full Name (Last, First, Middle Initial) Mr. Joel M. Steinberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR855302	
Mailing Address 44 Spruce Street		Amount of Each Receipt this Period 60.00	
City State Zip Code Princeton Junction NJ 08550-2019	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp - Fmd & L&a Chief Financial Office	P/R Deduction (\$30.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

C. Full Name (Last, First, Middle Initial) Mr. Stephen N. Steing		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR151302	
Mailing Address 37 Westcliff Drive		Amount of Each Receipt this Period 76.94	
City State Zip Code Dix Hills NY 11746-5627	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp & Actuary	P/R Deduction (\$38.47 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.41		

SUBTOTAL of Receipts This Page (optional) ▶	220.28
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 170
	<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

Full Name (Last, First, Middle Initial) A. Mr. Seymour Sternberg		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 9 Stoneleigh Manor		Transaction ID: PR211302		
City State Zip Code Purchase NY 10577-2232	Amount of Each Receipt this Period 153.86		P/R Deduction (\$76.93 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 769.33		
Name of Employer New York Life Insurance Company	Occupation Chairman & Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Mr. Rick K. Stivers		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 7564 Linidisfarne Lane		Transaction ID: PR2154302		
City State Zip Code Franklin TN 37064-6256	Amount of Each Receipt this Period 166.67		P/R Deduction (\$166.67 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 833.36		
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) ▼				

Full Name (Last, First, Middle Initial) C. Mr. B. Christopher Stokes		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 3657 Patuxent River Road		Transaction ID: PR883302		
City State Zip Code Davidsonville MD 21035-2422	Amount of Each Receipt this Period 125.00		P/R Deduction (\$125.00 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 708.34		
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) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	445.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Scott E. Stone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73475302
Mailing Address 271 Gasparella Lane		Amount of Each Receipt this Period 50.00
City State Zip Code Port Aransas TX 78373-0000	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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 ▼ 325.00	

B. Full Name (Last, First, Middle Initial) Mr. Steven N. Stone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87119302
Mailing Address 13 Wildwood Court		Amount of Each Receipt this Period 76.94
City State Zip Code Clifton Park NY 12065-2736	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.47 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 ▼ 230.82	

C. Full Name (Last, First, Middle Initial) Mr. Jerry Sullivan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21403302
Mailing Address 1771 Green Valley Oaks Drive		Amount of Each Receipt this Period 83.34
City State Zip Code Suisun CA 94585-1358	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.34 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 ▼ 500.04	

SUBTOTAL of Receipts This Page (optional) ▶	210.28
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial)
Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City State Zip Code
Vernon Hills IL 60061-4132

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

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
811.58

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1855302

Amount of Each Receipt this Period
153.86

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

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Takano

Mailing Address 15549 Prairie Way

City State Zip Code
Riverside CA 92508-8976

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 ▼
207.96

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2124302

Amount of Each Receipt this Period
34.66

P/R Deduction (\$34.66 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City State Zip Code
Kailua HI 96734-3513

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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR21386302

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	288.52
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Mr. William P. Tate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR45557302	
Mailing Address 29355 Regency Circle		Amount of Each Receipt this Period 38.48	
City State Zip Code Westlake OH 44145-6705	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Cvp - Service Center	P/R Deduction (\$19.24 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.44		

Full Name (Last, First, Middle Initial) B. Mr. William J. Terry, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57555302	
Mailing Address 43 Winchester Road		Amount of Each Receipt this Period 50.00	
City State Zip Code Arlington MA 02474-1019	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Senior Partner	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. Mr. Wesley M. Teterud		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54284302	
Mailing Address 11613 E 48th		Amount of Each Receipt this Period 34.67	
City State Zip Code Spokane WA 99206-9494	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$34.67 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.02		

SUBTOTAL of Receipts This Page (optional) ▶	123.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Jeffrey E. Thol		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54771302	
Mailing Address 736 High Street		Amount of Each Receipt this Period 83.34	
City Honesdale	State PA	Zip Code 18431-1738	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 500.04	

B. Full Name (Last, First, Middle Initial) Ms. Gayl Thomas		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73481302	
Mailing Address 6109 Mesa Road		Amount of Each Receipt this Period 80.00	
City Reno	State NV	Zip Code 89511-5633	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Cvp - Information Systems Aggregate Year-to-Date ▼ 520.00	

C. Full Name (Last, First, Middle Initial) Mr. Wayne Thomas		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54249302	
Mailing Address 29 Cycas Drive		Amount of Each Receipt this Period 50.00	
City Kenner	State LA	Zip Code 70065-6188	P/R Deduction (\$50.00 Monthly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Agent Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	213.34
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Jerry R. Tinsley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1566302	
Mailing Address 18724 Nautical Drive Unit 1		Amount of Each Receipt this Period 153.86	
City State Zip Code Cornelius NC 28031-0000	FEC ID number of contributing federal political committee. C		
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 ▼ 811.58		
		P/R Deduction (\$76.93 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. Sidney A. Triche		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1516302	
Mailing Address 312 West 23rd PO Box 159		Amount of Each Receipt this Period 75.00	
City State Zip Code Larose LA 70373-0159	FEC ID number of contributing federal political committee. C		
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 ▼ 450.00		
		P/R Deduction (\$75.00 Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. Thomas J. Troeller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR582302	
Mailing Address 12 Crape Myrtle Drive		Amount of Each Receipt this Period 70.00	
City State Zip Code Holmdel NJ 07733-1529	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation First Vice President & Actuary		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		
		P/R Deduction (\$35.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	298.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Mark Vahala		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1206302	
Mailing Address 500 Cedar Elm Court		Amount of Each Receipt this Period 100.00	
City Irving	State TX	Zip Code 75063-8467	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C		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 ▼ 600.00			

B. Full Name (Last, First, Middle Initial) Charles W. Van Devander		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61188302	
Mailing Address 10396 Whispering Pines Drive		Amount of Each Receipt this Period 50.00	
City Frisco	State TX	Zip Code 75034-3807	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Name of Employer New York Life Insurance Company	
Occupation Vice President		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 255.00			

C. Full Name (Last, First, Middle Initial) Mr. Bill Van Winkle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR717302	
Mailing Address 41 Breezy Point		Amount of Each Receipt this Period 90.00	
City Little Silver	State NJ	Zip Code 07739-1703	P/R Deduction (\$90.00 Monthly)
FEC ID number of contributing federal political committee. C		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 ▼ 540.00			

SUBTOTAL of Receipts This Page (optional) ▶	240.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. James R. Vavra		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1154302	
Mailing Address 461 Northwest Riven Rock Place		Amount of Each Receipt this Period 38.48	
City State Zip Code Lees Summit MO 64081-2092	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President	P/R Deduction (\$19.24 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.44		

B. Full Name (Last, First, Middle Initial) Mr. Raymond Vitek, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1582302	
Mailing Address 8211 Bellaire		Amount of Each Receipt this Period 50.00	
City State Zip Code Houston TX 77036-4001	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$50.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Mr. Richard A. Wadsworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406302	
Mailing Address 414 Sand Crane Court		Amount of Each Receipt this Period 50.00	
City State Zip Code Bradenton FL 34212-6200	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$50.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	138.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 170
	<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	

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

Full Name (Last, First, Middle Initial) A. Ms. Robin M. Wahby		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 385 Royal Tern Rd. S		Transaction ID: PR888302	
City State Zip Code Ponte Vedra FL 32082-6209	Amount of Each Receipt this Period _____ 153.86		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 490.44		P/R Deduction (\$76.93 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. Michael J. Wallace		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1654 Wheatgrass Court		Transaction ID: PR1980302	
City State Zip Code Reno NV 89509-6912	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 390.00		P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial) C. Mr. David Walsh		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 150 Vista Grande		Transaction ID: PR86302	
City State Zip Code Greenbrae CA 94904-1135	Amount of Each Receipt this Period _____ 166.67		
FEC ID number of contributing federal political committee. C _____			
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 ▼ _____ 1000.02		P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 400.53
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 / 170
	<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	

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

A. Full Name (Last, First, Middle Initial) Mr. Richard M. Walsh Mailing Address 32 Hilltop Road City State Zip Code Waccabuc NY 10597-1003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73503302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

B. Full Name (Last, First, Middle Initial) Mr. Thomas J. Warga Mailing Address 2500 Abbey Lane City State Zip Code Seaford NY 11783-3509 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR669302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Svp & General Auditor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		

C. Full Name (Last, First, Middle Initial) Ms. Julia A. Warren Mailing Address 78 Crest Drive City State Zip Code South Orange NJ 07079-1037 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR633302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 405.82		

SUBTOTAL of Receipts This Page (optional)	176.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Billy Joe Watson

Mailing Address 3435 Indian Lake Trail

City State Zip Code
Pelham AL 35124-2718

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1037302

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Ronnie D. Weller

Mailing Address Hc#2 Box 146E

City State Zip Code
Tionesta PA 16353-9208

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 ▼
250.02

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR21213302

Amount of Each Receipt this Period
41.67

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Gary E. Wendlandt

Mailing Address 45 Gramercy Park North Apt. 2B

City State Zip Code
New York NY 10010-6308

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

Name of Employer
New York Life Insurance Company

Occupation
Chairman & Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.60

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1349302

Amount of Each Receipt this Period
34.40

P/R Deduction (\$17.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	126.07
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 170
	<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. Full Name (Last, First, Middle Initial)
Mr. Richard J. Werner

Mailing Address 1380 King James Court

City State Zip Code
Oak Park CA 91377-4738

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 ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR2136302

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Scott Wilcox

Mailing Address 11609 Kings Circle

City State Zip Code
Oklahoma City OK 73132-2048

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 ▼
330.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1141302

Amount of Each Receipt this Period
55.00

P/R Deduction (\$55.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Kyle T. Williamson

Mailing Address 6805 Beckworth Lane

City State Zip Code
Plano TX 75024-7536

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

Name of Employer
New York Life Insurance Company

Occupation
Zone Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR44912302

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Brad L. Willson Mailing Address 4905 Elm Street City State Zip Code Bellaire TX 77401-0000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1768302 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 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 ▼ 260.00		

B. Full Name (Last, First, Middle Initial) Mr. Lloyd R. Wilson Mailing Address 3148 Pine Ridge Road City State Zip Code Birmingham AL 35213-3906 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1416302 Amount of Each Receipt this Period 83.34 P/R Deduction (\$83.34 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 ▼ 500.04		

C. Full Name (Last, First, Middle Initial) Mr. Lon G. Wilson Mailing Address 4240 Tahoe Drive City State Zip Code Anchorage AK 99502-1460 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21908302 Amount of Each Receipt this Period 166.67 P/R Deduction (\$166.67 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 ▼ 916.68		

SUBTOTAL of Receipts This Page (optional)	290.01
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Brian Winter Mailing Address 1513 Oxford Road City Wantagh State NY Zip Code 11793-2445 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85327302 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 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 ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Mr. James A. Wolf Mailing Address 300 Windmill Hill Lane City Pipe Creek State TX Zip Code 78063-5499 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87117302 Amount of Each Receipt this Period 76.94 P/R Deduction (\$38.47 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.82		

C. Full Name (Last, First, Middle Initial) Mr. Terrence L. Wolf Mailing Address 119 Great Circle Road City Landenberg State PA Zip Code 19350-9110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR817302 Amount of Each Receipt this Period 40.00 P/R Deduction (\$40.00 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 ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)	166.94
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial) Mr. A. C. Tracy Wood, III Mailing Address PO Box 12425 City State Zip Code Dallas TX 75225-0425 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1703302 Amount of Each Receipt this Period 83.33 P/R Deduction (\$83.33 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 ▼ 499.98		

B. Full Name (Last, First, Middle Initial) Ms. Gayle A. Yeomans Mailing Address 777 W End Avenue City State Zip Code New York NY 10025-5551 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2342302 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

C. Full Name (Last, First, Middle Initial) Ms. Christine Young Mailing Address 55 Berryessa Way City State Zip Code Hillsborough CA 94010-7301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2194302 Amount of Each Receipt this Period 35.00 P/R Deduction (\$35.00 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 ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	158.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 170
	<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. Full Name (Last, First, Middle Initial) Mr. Robert Ziegler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR86097302
Mailing Address 11 Windham Loop Apt. 4Ee		Amount of Each Receipt this Period 38.48
City State Zip Code Staten Island NY 10314-5937	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

B. Full Name (Last, First, Middle Initial) Mr. Bernard J. Zweig		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR602302
Mailing Address 393 West End Avenue Apt. 9D		Amount of Each Receipt this Period 83.34
City State Zip Code New York NY 10024-6141	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.34 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 ▼ 500.04	

C. Full Name (Last, First, Middle Initial) Ms. Sue Zwiener		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21324302
Mailing Address 10630 Dodge Mower Road		Amount of Each Receipt this Period 58.33
City State Zip Code Blooming Prai MN 55917-6934	FEC ID number of contributing federal political committee. C	P/R Deduction (\$58.33 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 ▼ 349.98	

SUBTOTAL of Receipts This Page (optional) ▶	180.15
TOTAL This Period (last page this line number only) ▶	33392.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 149 / 170
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼
 2004 General

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: 354788

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 170

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bachus For Congress		Transaction ID: 349917 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 59444		Amount of Each Disbursement this Period 2500.00
City Birmingham State AL Zip Code 35259	Contribution	
Purpose of Disbursement Contribution Candidate Name Spencer Bachus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 6		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kevin Brady For Congress		Transaction ID: 358453 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 2000.00
City The Woodlands State TX Zip Code 77387	Contribution	
Purpose of Disbursement Contribution Candidate Name Kevin Brady Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cardin For Senate		Transaction ID: 353471 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 3000.00
City Baltimore State MD Zip Code 21202	Contribution	
Purpose of Disbursement Contribution Candidate Name Benjamin L. Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. CHRIS PAC		Transaction ID: 349923 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 236 Massachusetts Avenue, NE Suite 310		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Crowley For Congress		Transaction ID: 349920 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2000.00
City Elmhurst State NY Zip Code 11373	Contribution	
Purpose of Disbursement Contribution Candidate Name Joseph Crowley		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Crowley For Congress		Transaction ID: 349929 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Contribution	
Purpose of Disbursement Contribution Candidate Name Joseph Crowley		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Byron Dorgan		Transaction ID: 351036 Date of Disbursement 06 / 05 / 2006	
Mailing Address PO Box 871		Amount of Each Disbursement this Period 1000.00 Contribution	
City Bismarck	State ND		Zip Code 58502
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Byron L. Dorgan			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: ND District:			

Full Name (Last, First, Middle Initial) B. Dreier For Congress		Transaction ID: 349944 Date of Disbursement 06 / 02 / 2006	
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 3000.00 Contribution	
City Upland	State CA		Zip Code 91785
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name David Dreier			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 26			

Full Name (Last, First, Middle Initial) C. People For English		Transaction ID: 353460 Date of Disbursement 06 / 19 / 2006	
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00 Contribution	
City Erie	State PA		Zip Code 16507
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Phil English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Mark Foley		Transaction ID: 353470 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 1000.00
City Lake Worth State FL Zip Code 33461	Contribution	
Purpose of Disbursement Contribution Candidate Name Mark Foley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Barney Frank For Congress Committee		Transaction ID: 349916 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P O Box 260		Amount of Each Disbursement this Period 2500.00
City Newtonville State MA Zip Code 02460	Contribution	
Purpose of Disbursement Contribution Candidate Name Barney Frank Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 4		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Gerlach For Congress		Transaction ID: 349915 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00
City Uwchland State PA Zip Code 19480	Contribution	
Purpose of Disbursement Contribution Candidate Name James Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 154 / 170

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. People With Hart		Transaction ID: 349921 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 2000.00
City Wexford State PA Zip Code 15090	Contribution	
Purpose of Disbursement Contribution Candidate Name Melissa A. Hart		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People With Hart		Transaction ID: 349925 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00
City Wexford State PA Zip Code 15090	Contribution	
Purpose of Disbursement Contribution Candidate Name Melissa A. Hart		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hastert For Congress Committee		Transaction ID: 349931 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period 3000.00
City Batavia State IL Zip Code 60510	Contribution	
Purpose of Disbursement Contribution Candidate Name J. Dennis Hastert		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 155 / 170

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Hastert For Congress Committee Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 625 City Batavia State IL Zip Code 60510 Purpose of Disbursement Contribution Candidate Name J. Dennis Hastert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 349932 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
---	--	---

B. J. D. Hayworth For Congress Full Name (Last, First, Middle Initial) Mailing Address 14300 N. Northsight Blvd. #105 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Contribution Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 353465 Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 500.00 Contribution
---	--	--

C. J. D. Hayworth For Congress Full Name (Last, First, Middle Initial) Mailing Address 14300 N. Northsight Blvd. #105 City Scottsdale State AZ Zip Code 85260 Purpose of Disbursement Contribution Candidate Name J.D. Hayworth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 353475 Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Wally Herger For Congress		Transaction ID: 353474 Date of Disbursement
Mailing Address P.O. Box 1500		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Chico	State CA	Zip Code 95927
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Wally Herger		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 2	Contribution	

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Transaction ID: 358455 Date of Disbursement
Mailing Address 7905 Malcolm Road Suite 102		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Clinton	State MD	Zip Code 20735
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name Steny H. Hoyer		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 5	Contribution	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Bobby Jindal		Transaction ID: 358461 Date of Disbursement
Mailing Address PO Box 8628		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Metairie	State LA	Zip Code 70011
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Bobby Jindal		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 1	Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Sue Kelly For Congress		Transaction ID: 358454 Date of Disbursement 06 / 29 / 2006	
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00 Contribution	
City Katonah	State NY		Zip Code 10536
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sue W. Kelly			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 19			

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc		Transaction ID: 353457 Date of Disbursement 06 / 19 / 2006	
Mailing Address 607 14th Street Nw Suite 1434		Amount of Each Disbursement this Period 1000.00 Contribution	
City Washington	State DC		Zip Code 20005
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Mary Landrieu			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: LA District:			

Full Name (Last, First, Middle Initial) C. Levin For Congress		Transaction ID: 349935 Date of Disbursement 06 / 01 / 2006	
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 5000.00 Contribution	
City Roseville	State MI		Zip Code 48066
Purpose of Disbursement Contribution			011 Category/ Type
Candidate Name Sander M. Levin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 12			

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Trent Lott For Mississippi		Transaction ID: 349927 Date of Disbursement 06 / 01 / 2006
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 4000.00 Contribution
City Jackson State MS Zip Code 39225	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Trent Lott		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Trent Lott For Mississippi		Transaction ID: 349928 Date of Disbursement 06 / 01 / 2006
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1000.00 Contribution
City Jackson State MS Zip Code 39225	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Trent Lott		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Trent Lott For Mississippi		Transaction ID: 353466 Date of Disbursement 06 / 19 / 2006
Mailing Address PO Box 22824		Amount of Each Disbursement this Period 1000.00 Contribution
City Jackson State MS Zip Code 39225	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Trent Lott		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Nita Lowey For Congress		Transaction ID: 358457 Date of Disbursement 06 / 29 / 2006
Mailing Address PO Box 271		Amount of Each Disbursement this Period 1000.00
City White Plains State NY Zip Code 10605	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Nita M. Lowey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nita Lowey For Congress		Transaction ID: 358458 Date of Disbursement 06 / 29 / 2006
Mailing Address PO Box 271		Amount of Each Disbursement this Period 1000.00
City White Plains State NY Zip Code 10605	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Nita M. Lowey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends Of Carolyn McCarthy		Transaction ID: 358456 Date of Disbursement 06 / 29 / 2006
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1000.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement Contribution Contribution 011 Category/Type	
Candidate Name Carolyn McCarthy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 4	Contribution
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. McConnell Senate Committee '08		Transaction ID: 349941 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 5000.00 Contribution
City Louisville State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McConnell Senate Committee '08		Transaction ID: 349942 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 4000.00 Contribution
City Louisville State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meeks For Congress		Transaction ID: 353480 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 5000.00 Contribution
City Springfield Garden State NY Zip Code 11413	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Gregory W. Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Meeks For Congress		Transaction ID: 353481 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 2000.00
City Springfield Garden State NY Zip Code 11413	Contribution	
Purpose of Disbursement Contribution Candidate Name Gregory W. Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 6		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: 353482 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00
City Lewiston State ME Zip Code 04240	Contribution	
Purpose of Disbursement Contribution Candidate Name Michael Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Moore For Congress		Transaction ID: 349919 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 16031		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission State KS Zip Code 66285	Contribution	
Purpose of Disbursement Contribution Candidate Name Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Richard E. Neal For Congress		Transaction ID: 353459 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 76 Magnolia Terrace		Amount of Each Disbursement this Period 3000.00
City Springfield State MA Zip Code 01108	Contribution	
Purpose of Disbursement Contribution Candidate Name Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 2		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 353455 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Contribution	
Purpose of Disbursement Contribution Candidate Name Deborah Pryce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Pryor For U.S. Senate Committee		Transaction ID: 353479 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 2000.00
City Little Rock State AR Zip Code 72203	Contribution	
Purpose of Disbursement Contribution Candidate Name Mark Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Adam Putnam For Congress		Transaction ID: 353469 Date of Disbursement
Mailing Address Post Office Box 2257		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Bartow	State FL	Zip Code 33831
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Adam Putnam		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 12	Contribution	

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Transaction ID: 353456 Date of Disbursement
Mailing Address 1809 Plymouth Road South #310		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Minnetonka	State MN	Zip Code 55305
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name Jim Ramstad		<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 3	Contribution	

Full Name (Last, First, Middle Initial) C. Republican Main Street Partnership PAC		Transaction ID: 353461 Date of Disbursement
Mailing Address 1350 I NW, Suite 560		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Reynolds for Congress		Transaction ID: 349930 Date of Disbursement 06 / 01 / 2006
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 3000.00
City Rochester State NY Zip Code 14615	Contribution	
Purpose of Disbursement Contribution Candidate Name Thomas M. Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ryan For Congress		Transaction ID: 353462 Date of Disbursement 06 / 19 / 2006
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	Contribution	
Purpose of Disbursement Contribution Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Scott For Congress		Transaction ID: 353476 Date of Disbursement 06 / 19 / 2006
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307	Contribution	
Purpose of Disbursement Contribution Candidate Name David Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Clay Shaw		Transaction ID: 353467 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 2600 N. 14th Street Causeway		Amount of Each Disbursement this Period 1000.00
City Pompano Beach State FL Zip Code 33062	Contribution	
Purpose of Disbursement Contribution Candidate Name E. Clay Shaw, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher Shays For Congress		Transaction ID: 353464 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 2500.00
City Norwalk State CT Zip Code 06851	Contribution	
Purpose of Disbursement Contribution Candidate Name Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Transaction ID: 349933 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378	Contribution	
Purpose of Disbursement Contribution Candidate Name Robert R. Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Simmons For Congress		Transaction ID: 349934 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00 Contribution
City Stonington State CT Zip Code 06378		
Purpose of Disbursement Contribution Candidate Name Robert R. Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 2		
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Friends of Gordon Smith		Transaction ID: 349939 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 5285 S.W. Meadow Road - Suite 181		Amount of Each Disbursement this Period 1000.00 Contribution
City Lake Oswego State OR Zip Code 97035		
Purpose of Disbursement Contribution Candidate Name Gordon Smith Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:		
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress		Transaction ID: 353463 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Sacramento State CA Zip Code 95841		
Purpose of Disbursement Contribution Candidate Name Michael Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 1		
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Committee To Re-Elect Ed Towns Full Name (Last, First, Middle Initial) Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Contribution Candidate Name Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 353487 Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
B. Committee To Re-Elect Ed Towns Full Name (Last, First, Middle Initial) Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement Contribution Candidate Name Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 353488 Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
C. Committee To Re-Elect Nydia M. Velazquez Full Name (Last, First, Middle Initial) Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Contribution Candidate Name Nydia M. Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 353484 Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Nydia M. Velazquez		Transaction ID: 353485 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00 Contribution
City Gaithersburg State MD Zip Code 20878	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Nydia M. Velazquez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WA State Dem. Central Committee - Federal Account		Transaction ID: 353489 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 4027		Amount of Each Disbursement this Period 3000.00 Contribution
City Seattle State WA Zip Code 98194	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Weiner		Transaction ID: 353458 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 290-346		Amount of Each Disbursement this Period 2000.00 Contribution
City Brooklyn State NY Zip Code 11229	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Anthony D. Weiner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	113000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Jeff Denham For Senate, 2006		Transaction ID: 353483 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 2150 River Plaza Drive Suite 150		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95833	Jeffrey Denham, STATE SEN- ATE CA	
Purpose of Disbursement Jeffrey Denham, STATE SENATE CA		011 Category/ Type
Candidate Name CA Sen. Jeffrey Denham		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Illinois Life Insurance PAC		Transaction ID: 353473 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 600 South Second St., Suite 401		Amount of Each Disbursement this Period 2000.00
City Springfield State IL Zip Code 62704	Non - Federal Contribution	
Purpose of Disbursement Non - Federal Contribution		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Pennsylvania Insurance Political Action Committee		Transaction ID: 349937 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1600 Market Street - Suite 1520		Amount of Each Disbursement this Period 3000.00
City Philadelphia State PA Zip Code 19103	Non - Federal Contribution	
Purpose of Disbursement Non - Federal Contribution		011 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Perzel

Mailing Address P.O. Box 826

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement
John Perzel, STATE HOUSE 172nd PA

Candidate Name
John Perzel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 17

Transaction ID: 349940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

John Perzel, STATE HOUSE
172nd PA

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)