

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
 Check if different than previously reported. (ACC)
New York NY 10010

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2006 through 05 31 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 06 15 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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

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	273653.48									
(c) Total Receipts (from Line 19)	78342.44	319527.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	351995.92	672045.58								
7. Total Disbursements (from Line 31)	73500.00	393549.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	278495.92	278495.92								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

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	31130.74	84060.14
(i) Itemized (use Schedule A)	32211.70	219211.02
(ii) Unitemized	63342.44	303271.16
(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)	63342.44	303271.16
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	15000.00	15000.00
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))	78342.44	319527.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78342.44	319527.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	67000.00	374850.00
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	500.00	2599.66
(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))	500.00	2599.66
29. Other Disbursements.....	6000.00	16100.00
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))..	73500.00	393549.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	73500.00	393549.66

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)	63342.44	303271.16
34. Total Contribution Refunds (from Line 28(d))	500.00	2599.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62842.44	300671.50
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:	PAGE 6 / 138
	(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

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. Romany S. Abraham		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44881296	
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	Occupation Managing Partner	Aggregate Year-to-Date 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. David L. Aguirre		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21893296	
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	Occupation Agent	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. John T. Alexander		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21234296	
Mailing Address 372 Baymount Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Statesville NC 28625-9548	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 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	160.00
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 7 / 138
	<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. William S. Anders		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2176296	
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 ▼ 293.82	

B. Full Name (Last, First, Middle Initial) Mr. Gregory F. Appel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67242296	
Mailing Address 113 Park Road Extension		Amount of Each Receipt this Period 40.00	
City Golden Bridge	State NY	Zip Code 10526-1144	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 Cvp - Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) Mr. Michael Arnheiter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR645296	
Mailing Address 220 N Falmouth Highway		Amount of Each Receipt this Period 166.67	
City North Falmouth	State MA	Zip Code 02556-3102	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 ▼ 766.68	

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 8 / 138
	<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. Joseph A. Auteri		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2515 Garrett Road		Transaction ID: PR797296	
City Drexel Hill	State PA	Amount of Each Receipt this Period 152.68	
Zip Code 19026-1010			
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 ▼ 763.40	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: PR1423296	
City Scottsdale	State AZ	Amount of Each Receipt this Period 78.00	
Zip Code 85251-0000			
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 ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Gary Bacon		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1099 Kentfield Drive		Transaction ID: PR1984296	
City Salinas	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 93901-1067			
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 ▼ 250.00	P/R Deduction (\$50.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	280.68
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 9 / 138
	<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. John T. Baier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR692296	
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		
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 ▼ 577.01		

Full Name (Last, First, Middle Initial) B. Mr. Dave Baker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1176296	
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		
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 ▼ 416.70		

Full Name (Last, First, Middle Initial) C. Mr. Stephen G. Bakke		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2005296	
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		
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 ▼ 770.37		

SUBTOTAL of Receipts This Page (optional) ▶	391.06
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 10 / 138
	(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

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. Raj Bakshi Mailing Address 1675 York Avenue Apt. 4K City State Zip Code New York NY 10128-6765 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44916296 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$1000.00 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 ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mr. Tom Ball, III Mailing Address 2200 Westlake Drive City State Zip Code Austin TX 78746-2933 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1608296 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 ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Mr. Fred Bangasser Mailing Address 2108 Key W Cove City State Zip Code Austin TX 78746-7256 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1579296 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 ▼ 409.00		

SUBTOTAL of Receipts This Page (optional)	1160.00
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 11 / 138
	<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. Rakesh Bansal

Mailing Address 5 Rutledge Court

City Plainsboro State NJ Zip Code 08536-2307

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 ▼ 416.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR189296

Amount of Each Receipt this Period

								83.33
--	--	--	--	--	--	--	--	-------

P/R Deduction (\$83.33 Monthly)

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

Mailing Address 3 Evergreen Lane

City Walpole State MA Zip Code 02081-2142

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR54762296

Amount of Each Receipt this Period

								50.00
--	--	--	--	--	--	--	--	-------

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Thomas E. Beck

Mailing Address 679 Lincoln Street

City Santa Clara State CA Zip Code 95050-5318

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

Name of Employer New York Life Insurance Company Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR2044296

Amount of Each Receipt this Period

								50.00
--	--	--	--	--	--	--	--	-------

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>183.33</td></tr></table>	183.33
183.33			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td></td></tr></table>	

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 12 / 138
	<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. Larry E. Beebe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1134296	
Mailing Address 3209 Stone Wall Road		Amount of Each Receipt this Period 41.67	
City Maumee	State OH	Zip Code 43537-9593	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 ▼ 208.35		

Full Name (Last, First, Middle Initial) B. Mr. John D. Begley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR212296	
Mailing Address 108 Summer Rules		Amount of Each Receipt this Period 40.00	
City Clarks Summit	State PA	Zip Code 18411-1004	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 Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Mr. Dennis J. Bell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1757296	
Mailing Address 10576 Sunset Terrace		Amount of Each Receipt this Period 80.00	
City Clive	State IA	Zip Code 50325-6554	P/R Deduction (\$80.00 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 ▼ 400.00		

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 13 / 138		
	<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. Amato Berardi		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 52 Pineview Drive		Transaction ID: PR785296		
City State Zip Code Hntingdon Valley PA 19006-6604	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 ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

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: PR992296		
City State Zip Code Lutherville MD 21093-4706	Amount of Each Receipt this Period _____ 100.00		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	Aggregate Year-to-Date ▼ _____ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

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: PR61435296		
City State Zip Code Slippery Rock PA 16057-8527	Amount of Each Receipt this Period _____ 83.33		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	Aggregate Year-to-Date ▼ _____ 416.65		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

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 14 / 138
	<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: PR1825296	
Mailing Address 826 National		Amount of Each Receipt this Period 50.00	
City Belle Fourche	State SD	Zip Code 57717-2032	
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 ▼ 250.00		

B. 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: PR1823296	
Mailing Address 4720 W 127th Place		Amount of Each Receipt this Period 83.34	
City Broomfield	State CO	Zip Code 80020-5737	
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 ▼ 416.70		

C. Full Name (Last, First, Middle Initial) Mr. Joel P. Blanchard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1822296	
Mailing Address 5608 S Deer Park Drive		Amount of Each Receipt this Period 80.00	
City Sioux Falls	State SD	Zip Code 57108-2013	
FEC ID number of contributing federal political committee. C		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 ▼ 440.00		

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 15 / 138
	<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. 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 ▼
240.00

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

Transaction ID: PR72957296

Amount of Each Receipt this Period
50.00

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

B. 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 ▼
371.69

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

Transaction ID: PR394296

Amount of Each Receipt this Period
67.58

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

C. Full Name (Last, First, Middle Initial)
Ms. Sandra L. Bograd

Mailing Address 33-3502 Hudson Street

City State Zip Code
Jersey City NJ 07302-6543

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

Name of Employer
New York Life Insurance Company

Occupation
Svp & Chief Compliance Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.88

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

Transaction ID: PR74527296

Amount of Each Receipt this Period
76.94

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

SUBTOTAL of Receipts This Page (optional)	194.52
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 16 / 138
	<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. Joseph Sing Bonin		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 633 Gertrude Drive		Transaction ID: PR1530296		
City State Zip Code St. Martinville LA 70582-4935	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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Jefferson C. Boyce		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 28 Inwood Street		Transaction ID: PR57512296		
City State Zip Code Yonkers NY 10704-2802	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	Occupation Senior Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.89		

Full Name (Last, First, Middle Initial) C. Mr. Patrick G. Boyle		Date of Receipt M M / D D / Y Y Y Y Y		
Mailing Address 7 Holmes Court		Transaction ID: PR285296		
City State Zip Code Morristown NJ 07960-2776	Amount of Each Receipt this Period 92.40		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 ▼ 394.80		

SUBTOTAL of Receipts This Page (optional) ▶	219.34
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 17 / 138		
	<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. Scot R. Bradstreet		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR60296	
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		Aggregate Year-to-Date ▼ 483.33	
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) B. Mr. Troy G. Braswell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1790296	
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 ▼ 580.72	
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) C. Mr. Michael F. Broderick Cfp		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR56615296	
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 ▼ 250.00	
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) ▼			

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 18 / 138
	<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. William V. Brody		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2078296	
Mailing Address 19 Corte Miguel		Amount of Each Receipt this Period 166.67	
City State Zip Code San Rafael CA 94903-1810	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 ▼ 751.68		

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: PR1402296	
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		
Name of Employer New York Life Insurance Company	Occupation Managing 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 ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Ms. Victoria C. Buhrow		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66021296	
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	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 ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	266.67
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 19 / 138
	<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. Mark I. Burton

Mailing Address 22781 Foxridge

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

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

Transaction ID: PR1117296

Amount of Each Receipt this Period
83.34

P/R Deduction (\$83.34 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Bryan Buzzard

Mailing Address 3311 E Dartmouth

City State Zip Code
Mesa AZ 85213-7046

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

Name of Employer
New York Life Insurance Company

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: PR21892296

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Eric B. Campbell

Mailing Address 240 E 47th Street Apt. 22C

City State Zip Code
New York NY 10017-2136

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
772.37

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

Transaction ID: PR1563296

Amount of Each Receipt this Period
153.86

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 20 / 138
	<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. Judith E. Campbell Mailing Address 54 Samson Avenue City Madison State NJ Zip Code 07940-2840 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR491296 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 & Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.17		

B. 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: PR2039296 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 ▼ 416.65		

C. 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: PR74523296 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 ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	210.27
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 21 / 138
	<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. Boua Keo T. Chang		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR87125296	
Mailing Address 2210 Skillman Avenue Apt. #311		Amount of Each Receipt this Period 153.86	
City State Zip Code Saint Paul MN 55109-3948	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 Partner	Aggregate Year-to-Date ▼ 307.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Bob Chrisman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61363296	
Mailing Address 1603 Kelliwood Oaks		Amount of Each Receipt this Period 41.67	
City State Zip Code Katy TX 77450-4379	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	Aggregate Year-to-Date ▼ 208.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Jan Christensen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1971296	
Mailing Address 2356 E Bearhills Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Draper UT 84020-9672	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 ▼ 250.00	
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 22 / 138
	<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) Mr. Dom V. Cianciotti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR150296
Mailing Address 356 Vet Memorial Highway		Amount of Each Receipt this Period 83.84
City State Zip Code Commack NY 11725-4332	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.84 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 ▼ 419.20	

B. Full Name (Last, First, Middle Initial) Mr. Jerry Coats		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1456296
Mailing Address 2945 River Bend Road		Amount of Each Receipt this Period 166.67
City State Zip Code Heber Spring AR 72543-3020	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 ▼ 751.68	

C. Full Name (Last, First, Middle Initial) Mr. Edward W. Colello		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR78296
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	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 ▼ 346.76	

SUBTOTAL of Receipts This Page (optional)	327.45
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 23 / 138
	<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. Ellen M. Coletto		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64710296	
Mailing Address 61 Chester Avenue		Amount of Each Receipt this Period 50.00	
City Brooklyn	State NY	Zip Code 11218-2020	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00	
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. David R. Colflesh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1118296	
Mailing Address 905 Olive PO Box 37		Amount of Each Receipt this Period 41.66	
City Tarkio	State MO	Zip Code 64491-0037	P/R Deduction (\$41.66 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 208.30	
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) Ms. Jessie M. Colgate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR648296	
Mailing Address 5815 Potomac Avenue Northwest		Amount of Each Receipt this Period 76.94	
City Washington	State DC	Zip Code 20016-2517	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 397.27	
Name of Employer New York Life Insurance Company	Occupation Svp - Office of Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 24 / 138
	<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"/>	<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. Eric Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57561296	
Mailing Address 310 Mallard Court		Amount of Each Receipt this Period 50.00	
City State Zip Code Mount Pleasant SC 29464-2830	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 ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Mr. Randy K. Cox		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73462296	
Mailing Address 1741 Kilbourne Place Northwest		Amount of Each Receipt this Period 76.94	
City State Zip Code Washington DC 20010-2605	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 ▼ 258.88		

C. Full Name (Last, First, Middle Initial) Ms. Joan M. Cronin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR236296	
Mailing Address 56 Canyon Woods		Amount of Each Receipt this Period 50.00	
City State Zip Code Matawan NJ 07747-3557	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Vice President	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 ▼ 275.00		

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: PAGE 25 / 138
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Mr. John A. Cullen

Mailing Address 527 Parkview Avenue

City State Zip Code
Westfield NJ 07090-2403

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

Name of Employer Occupation
New York Life Insurance Svp, Controller & Chief Accounting Off
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

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

Transaction ID: PR66023296

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Bruce Cumby

Mailing Address 816 Ellis Avenue

City State Zip Code
Newtown Sq PA 19073-3906

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

Name of Employer Occupation
New York Life Insurance Agent
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 208.35

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

Transaction ID: PR747296

Amount of Each Receipt this Period
41.67

P/R Deduction (\$41.67 Monthly)

C. Full Name (Last, First, Middle Initial)
Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City State Zip Code
Hamersville OH 45130-9509

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

Name of Employer Occupation
New York Life Insurance Agent
Company

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 416.65

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

Transaction ID: PR21249296

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

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:	PAGE 26 / 138
	(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

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. Ms. Sheila K. Davidson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 280 Park Avenue S Apt. 16J		Transaction ID: PR659296	
City State Zip Code New York NY 10010-6132	Amount of Each Receipt this Period _____ 153.86		
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 E.V.P. - Law & Corporate Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 763.51		

Full Name (Last, First, Middle Initial) B. Mr. Mehmood N. Daya		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22106 Grand Cove Court		Transaction ID: PR44905296	
City State Zip Code Katy TX 77450-8097	Amount of Each Receipt this Period _____ 76.94		
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 Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 301.94		

Full Name (Last, First, Middle Initial) C. Mr. John J. De Buono		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1706 Siskiyou Drive		Transaction ID: PR1976296	
City State Zip Code Walnut Creek CA 94598-2121	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)	
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) ▼	Aggregate Year-to-Date ▼ _____ 330.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 290.80
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 27 / 138
	<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. James D. Dean		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54017296	
Mailing Address 1648 Wimbledon Drive		Amount of Each Receipt this Period 83.34	
City State Zip Code Walled Lake MI 48390-3179	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 ▼ 416.70		

Full Name (Last, First, Middle Initial) B. Mr. Gregory E. Deavens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72958296	
Mailing Address 10 Henley Commons		Amount of Each Receipt this Period 50.00	
City State Zip Code Farmington CT 06032-1553	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Svp	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 ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Mr. Mike Delahaye		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1547296	
Mailing Address 6415 Sevenoaks		Amount of Each Receipt this Period 83.34	
City State Zip Code Baton Rouge LA 70806-7335	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 ▼ 416.70		

SUBTOTAL of Receipts This Page (optional) ▶	216.68
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 28 / 138
	<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. Ms. Jeanmarie A. Deliso		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54019296	
Mailing Address 1537 Main Street Suite 306		Amount of Each Receipt this Period 83.00	
City Springfield State MA Zip Code 01103-1451	FEC ID number of contributing federal political committee. C		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 ▼ 415.00		

Full Name (Last, First, Middle Initial) B. Mr. Jules DelVecchio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR379296	
Mailing Address 4 Sackett Circle		Amount of Each Receipt this Period 50.00	
City Larchmont State NY Zip Code 10538-1002	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 First Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Mr. P. J. Demarie, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70709296	
Mailing Address 24 Woodvine Court		Amount of Each Receipt this Period 83.34	
City Covington State LA Zip Code 70433-4724	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 ▼ 416.70		

SUBTOTAL of Receipts This Page (optional) ▶	216.34
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 29 / 138
	<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. James O. DeVito		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44864296	
Mailing Address 3 Fiske Pond Road		Amount of Each Receipt this Period 153.86	
City Holliston	State MA	Zip Code 01746-2051	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 587.72	
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) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Stephen C. Dill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2102296	
Mailing Address 4082 Prestwick Lane		Amount of Each Receipt this Period 10.00	
City Palmdale	State CA	Zip Code 93551-5381	P/R Deduction (\$10.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
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. John Dipalermo		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR504296	
Mailing Address 3297 Padilla Way		Amount of Each Receipt this Period 83.34	
City San Jose	State CA	Zip Code 95148-2746	P/R Deduction (\$83.34 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.70	
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) ▶	247.20
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 30 / 138
	<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. Richard C. Dipippo		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 16619 Harbor Town Drive		Transaction ID: PR68296	
City State Zip Code Silver Spring MD 20905-4082	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 ▼ 410.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Michael D. Dixon		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5055 Pathfinder		Transaction ID: PR70718296	
City State Zip Code Oak Park CA 91377-4704	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 ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Frank B. Dolph, III		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 631 Intracoastal Drive		Transaction ID: PR1098296	
City State Zip Code Fort Lauderdale FL 33304-3618	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 ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	210.00
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 31 / 138
	<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. Joe W. Donaldson

Mailing Address 106 Glynlakes Drive

City State Zip Code
Pike Road AL 36064-1766

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

Name of Employer
New York Life Insurance Company

Occupation
Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: PR1437296

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. 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**

Name of Employer
New York Life Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
293.88

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

Transaction ID: PR410296

Amount of Each Receipt this Period
76.94

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

C. 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**

Name of Employer
New York Life Insurance Company

Occupation
Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.37

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

Transaction ID: PR1709296

Amount of Each Receipt this Period
153.86

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

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 32 / 138
	<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. Milton A. Dugger, Jr.		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 904 Dartmouth Road		Transaction ID: PR884296
City State Zip Code Baltimore MD 21212-3225	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 ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. Mr. Charles R. Eckardt		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 620 Meetinghouse Road		Transaction ID: PR809296
City State Zip Code Rydal PA 19046-2935	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 ▼ _____ 416.70	P/R Deduction (\$83.34 Monthly)

Full Name (Last, First, Middle Initial) C. Mr. Fred Eisner		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 432 E Glengary Circle		Transaction ID: PR1188296
City State Zip Code Highland Heights OH 44143-3623	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 ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 183.34
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 33 / 138
	<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. 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 <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR1428296 Amount of Each Receipt this Period <input type="text"/> 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 ▼ <input type="text"/> 210.00	

B. 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 <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR2223296 Amount of Each Receipt this Period <input type="text"/> 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 ▼ <input type="text"/> 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Thomas F. English Mailing Address 27 Hedge Brook Lane City State Zip Code <u>Stamford</u> <u>CT</u> <u>06903-2029</u> FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR863296 Amount of Each Receipt this Period <input type="text"/> 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 ▼ <input type="text"/> 355.83	

SUBTOTAL of Receipts This Page (optional)	168.94
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:	PAGE 34 / 138
	(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

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. Frank J. Engraff Mailing Address 31381 Avenida Madrid City San Juan Capo State CA Zip Code 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: PR1919296 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 ▼ 657.72	P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Salvatore F. Farina Mailing Address 5 Sir Kenneth Court City Northport State NY Zip Code 11768-1554 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR385296 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 ▼ 550.31	P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. Darin Fass Mailing Address 30 Carlton Drive City Mount Kisco State NY Zip Code 10549-4756 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44873296 Amount of Each Receipt this Period 40.00
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 Partner Aggregate Year-to-Date ▼ 215.19	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	347.72
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 35 / 138
	<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. William T. Feakes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74542296	
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			
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Mr. Melvin J. Feinberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR203296	
Mailing Address 1816 E 5th Street		Amount of Each Receipt this Period 50.00	
City Brooklyn	State NY	Zip Code 11223-2039	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 Svp		
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. Frank J. Feola		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84926296	
Mailing Address 6039 Walden Court		Amount of Each Receipt this Period 50.00	
City Mentor	State OH	Zip Code 44060-2221	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 ▼ 250.00	

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 36 / 138
	<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. Robert J. Fincham, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2042296
Mailing Address 295 Sandalwood Court		Amount of Each Receipt this Period 83.33
City Bend State OR Zip Code 97701-5477	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 ▼ 416.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Nathan W. Fincher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66026296
Mailing Address 209 Cornman Lane		Amount of Each Receipt this Period 100.00
City Landisburg State PA Zip Code 17040-0000	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Associate Sales Development Manager	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Varda Naomi Fink		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1335296
Mailing Address 13325 Old Forge Road		Amount of Each Receipt this Period 50.00
City Silver Spring State MD Zip Code 20904-6328	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 ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 37 / 138
	<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. Jerry M. Fish		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2131296	
Mailing Address 2155 Glenkirk Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code San Jose CA 95124-1222	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 ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Mr. Edward J. Fitzgerald		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73455296	
Mailing Address 121 Stratford Road		Amount of Each Receipt this Period 80.00	
City State Zip Code West Hempstead NY 11552-1723	FEC ID number of contributing federal political committee. C		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 ▼ 440.00		

C. Full Name (Last, First, Middle Initial) Mr. Tim C. Fitzgerald		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1494296	
Mailing Address 12086 Ellerbe Road		Amount of Each Receipt this Period 83.34	
City State Zip Code Shreveport LA 71115-9568	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 ▼ 416.70		

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 38 / 138
	<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. Jeffrey Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69529296
Mailing Address 103 Prospect Avenue		Amount of Each Receipt this Period 50.00
City Waterloo State IA Zip Code 50703-4241	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Occupation Agent	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Ms. Sylvia M. Forster		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84974296
Mailing Address 11 Ridge Road		Amount of Each Receipt this Period 40.00
City Succasunna State NJ Zip Code 07876-1817	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Occupation Director	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. John A. Forte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21192296
Mailing Address 5 York Place		Amount of Each Receipt this Period 50.00
City Latham State NY Zip Code 12110-3135	FEC ID number of contributing federal political committee. C	
Name of Employer New York Life Insurance Company Occupation Agent	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$50.00 Monthly)	

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:	PAGE 39 / 138
	(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

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 A. Foster		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5707 Sodus Shores		Transaction ID: PR64720296	
City State Zip Code Sodus NY 14551-9610	Amount of Each Receipt this Period _____ 50.00		
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 Partner	Aggregate Year-to-Date ▼ _____ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Ben Freedman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 143 Amoretti		Transaction ID: PR54286296	
City State Zip Code Lander WY 82520-2816	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 ▼ _____ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mr. Stanley M. Friedman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 Round Tree Drive		Transaction ID: PR44888296	
City State Zip Code Melville NY 11747-3314	Amount of Each Receipt this Period _____ 80.00		
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer New York Life Insurance Company	Occupation Managing Partner	Aggregate Year-to-Date ▼ _____ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 40 / 138
	<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. Michael G. Gallo		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR258296	
Mailing Address 4 Red Mill Lane		Amount of Each Receipt this Period 153.86	
City Darien	State CT	Zip Code 06820-3612	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 442.40	
Name of Employer New York Life Insurance Company	Occupation Svp & L&a-Chief of Staff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: PR1673296	
Mailing Address 5012 Avenue Avignon		Amount of Each Receipt this Period 76.94	
City Lutz	State FL	Zip Code 33558-0000	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 301.94	
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) C. Mr. Rich Garry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1829296	
Mailing Address 805 Batcheller Lane		Amount of Each Receipt this Period 115.00	
City Sioux Falls	State SD	Zip Code 57105-6715	P/R Deduction (\$115.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 575.00	
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) ▼			

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 41 / 138
	<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. Tom Gavin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1268296	
Mailing Address 449 Vista Court		Amount of Each Receipt this Period 100.00	
City Benicia	State CA	Zip Code 94510-2715	
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 ▼ 470.00		

B. Full Name (Last, First, Middle Initial) Mr. Gregory P. Genovese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61416296	
Mailing Address 14 Woodcutters Lane		Amount of Each Receipt this Period 41.67	
City Cold Spring Harbor	State NY	Zip Code 11724-1206	
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 ▼ 208.35		

C. Full Name (Last, First, Middle Initial) Mr. Solomon Goldfinger		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR267296	
Mailing Address 14719 70th Avenue		Amount of Each Receipt this Period 67.70	
City Flushing	State NY	Zip Code 11367-1715	
FEC ID number of contributing federal political committee. C		P/R Deduction (\$33.85 Bi-Weekly)	
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 ▼ 372.35		

SUBTOTAL of Receipts This Page (optional) ▶	209.37
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 42 / 138
	<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. Elizabeth S. Gonzales		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 724 Wales Way		Transaction ID: PR1667296	
City Austin	State TX	Zip Code 78748-6531	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 ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)	

B. Full Name (Last, First, Middle Initial) 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: PR240296	
City New York	State NY	Zip Code 10021-7025	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 ▼ _____ 657.72	P/R Deduction (\$76.93 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Ms. Diane H. Gould		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1102 Prospect Hill Place		Transaction ID: PR638296	
City Rockville	State MD	Zip Code 20850-2868	Amount of Each Receipt this Period _____ 83.00
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 ▼ _____ 415.00	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 43 / 138
	<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. Ms. Cynthia J. Guldy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84907296	
Mailing Address 2026 Yonkee Drive		Amount of Each Receipt this Period 83.34	
City Windsor State CO Zip Code 80550-4685	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 ▼ 416.70 P/R Deduction (\$83.34 Monthly)		

Full Name (Last, First, Middle Initial) B. Mr. Angelo A. Haddad		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2145296	
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 ▼ 225.00 P/R Deduction (\$75.00 Monthly)		

Full Name (Last, First, Middle Initial) C. Mr. Bob D. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1986296	
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 ▼ 416.70 P/R Deduction (\$83.34 Monthly)		

SUBTOTAL of Receipts This Page (optional)	241.68
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 44 / 138
	<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"/>	<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. Carrie L. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1953296	
Mailing Address 8372 Agnew Valley Court		Amount of Each Receipt this Period 166.67	
City Las Vegas	State NV	Zip Code 89178-4827	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 ▼ 746.68	

B. Full Name (Last, First, Middle Initial) Mr. Gerald F. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR96296	
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 ▼ 246.68	

C. Full Name (Last, First, Middle Initial) Mr. Jack C. Hall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57553296	
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 ▼ 429.00	

SUBTOTAL of Receipts This Page (optional) ▶	286.34
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 45 / 138
	(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

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. Marcus J. Ham Mailing Address 8713 Maple Hollow Court City State Zip Code Granite Bay CA 95746-6158 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1708296 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 ▼ 440.00		

B. Full Name (Last, First, Middle Initial) Ms. Jane L. Hamrick Mailing Address Nylife International 51 Madison City State Zip Code New York NY 10010-1603 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR935296 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation Vice President & Actuary Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		

C. Full Name (Last, First, Middle Initial) Mr. David A. Harland Mailing Address 200 E 66th St. Apt. A-1903 City State Zip Code New York NY 10021-9179 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44890296 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer New York Life Insurance Company Occupation 1st V.P. & Dep. Gen. Counsel & Dep. Se Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	170.00
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 46 / 138
	<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 M. Hayes Mailing Address 7 Sun Valley Way City Long Valley State NJ Zip Code 07853-3038 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR72960296 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 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		

B. Full Name (Last, First, Middle Initial) Mr. Robert J. Hebron Mailing Address 231 Wyoming Avenue City Maplewood State NJ Zip Code 07040-2013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR615296 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.88		

C. Full Name (Last, First, Middle Initial) Mr. Mark A. Heck Mailing Address 500 Cliffwood Avenue Apt. #D-9 City Matawan State NJ Zip Code 07747-2825 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44922296 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 Financial Analysis Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

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 47 / 138
	<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. Thomas D. Hegna		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1716296	
Mailing Address 14022 N Sunflower Drive		Amount of Each Receipt this Period 76.94	
City Fountain Hills	State AZ	Zip Code 85268-6547	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 Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.17	

B. Full Name (Last, First, Middle Initial) Mr. Bill Hensel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1139296	
Mailing Address PO Box 132		Amount of Each Receipt this Period 80.00	
City Strasburg	State OH	Zip Code 44680-0132	P/R Deduction (\$80.00 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 ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Mr. David A. Herlicka		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84923296	
Mailing Address 2 Chablis Court		Amount of Each Receipt this Period 80.00	
City Bedford	State NH	Zip Code 03110-5217	P/R Deduction (\$80.00 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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	236.94
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:	PAGE 48 / 138
	(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

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. Steven J. Heussner		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2717 Brookside Lane		Transaction ID: PR1307296	
City State Zip Code McKinney TX 75070-4213	Amount of Each Receipt this Period _____ 84.00		
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 ▼ _____ 420.00	P/R Deduction (\$84.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Phillip J. Hildebrand		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12 Windsor Court		Transaction ID: PR1959296	
City State Zip Code Purchase NY 10577-1000	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 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 ▼ _____ 603.35	P/R Deduction (\$76.93 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Forrest Giles Hindley		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24265 Castilla Lane		Transaction ID: PR2138296	
City State Zip Code Mission Viejo CA 92691-4141	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 ▼ _____ 666.67	P/R Deduction (\$166.67 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 404.53
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 49 / 138
	<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. Ms. Barbara F. Hinebaugh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1175296
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	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Kenneth J. Hittel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR872296
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	P/R Deduction (\$30.00 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 ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert A. Hodgkiss		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44891296
Mailing Address Highland Parkway Suite 700		Amount of Each Receipt this Period 80.00
City State Zip Code Downers Grove IL 60515	FEC ID number of contributing federal political committee. C	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 ▼ 305.00	

SUBTOTAL of Receipts This Page (optional) ▶	190.00
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 50 / 138
	<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. Joseph J. Hogan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR67261296	
Mailing Address 8448 Eagle Preserve Way		Amount of Each Receipt this Period 50.00	
City State Zip Code Sarasota FL 34241-9449	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation 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 ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Mr. Troy K. Holman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44907296	
Mailing Address 210 Quisset Lane		Amount of Each Receipt this Period 70.00	
City State Zip Code Wayne PA 19087-2185	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Partner	P/R Deduction (\$35.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

C. Full Name (Last, First, Middle Initial) Mr. Paul M. Holmes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR60641296	
Mailing Address 3200 Beechleaf Court Suite 820		Amount of Each Receipt this Period 40.00	
City State Zip Code Raleigh NC 27604-1063	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing Partner	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 ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	160.00
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 51 / 138
	<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) Mr. John E. Horstmann Mailing Address 7684 Kincaid City State Zip Code Fresno CA 93711-0363 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2122296 Amount of Each Receipt this Period 90.00 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 ▼ 450.00		

B. Full Name (Last, First, Middle Initial) Mr. John F. Horwitz Mailing Address 168 Upland Road City State Zip Code Sharon MA 02067-1749 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74158296 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 Sales Development Manager 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. Kenneth H. Hower Mailing Address 123 West Houston Ave. City State Zip Code Clovis CA 93611 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR319296 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 ▼ 447.72		

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 52 / 138
	<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. Royse J. Huff		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1867296	
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 ▼ 416.70	

B. Full Name (Last, First, Middle Initial) Ms. Linda Hulbert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR544296	
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 ▼ 208.35	

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: PR1674296	
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 ▼ 440.00	

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:	PAGE 53 / 138						
	(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. Nicola Iannitelli		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 148 Brittany Court		Transaction ID: PR58613296	
City State Zip Code Clifton NJ 07013-2672	Amount of Each Receipt this Period _____ 76.94		
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 Senior Partner	Aggregate Year-to-Date ▼ _____ 256.94	
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 _____	
Mailing Address 305 Edinboro Road		Transaction ID: PR252296	
City State Zip Code Staten Island NY 10306-1204	Amount of Each Receipt this Period _____ 76.94		
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	Aggregate Year-to-Date ▼ _____ 293.88	
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 _____	
Mailing Address 145 N Four Bridges Road		Transaction ID: PR64245296	
City State Zip Code Long Valley NJ 07853-3214	Amount of Each Receipt this Period _____ 50.00		
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 Vice President	Aggregate Year-to-Date ▼ _____ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 54 / 138
	(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

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. Leonard Isaacs		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69471296	
Mailing Address 66 Boulder Ridge Road		Amount of Each Receipt this Period 80.00	
City State Zip Code Scarsdale NY 10583-3150	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$80.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Mr. Anil Kumar Jain		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70683296	
Mailing Address 6 Orleans Court		Amount of Each Receipt this Period 50.00	
City State Zip Code Commack NY 11725-4030	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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Lalit Jallan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1631296	
Mailing Address 2114 Castleheath Court		Amount of Each Receipt this Period 50.00	
City State Zip Code Katy TX 77450-6072	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation 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 ▼ 275.00		

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 55 / 138
	<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) Mr. Jonathan R. Jaramillo		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2290296	
Mailing Address 11 Turtle Ridge Court		Amount of Each Receipt this Period 153.86	
City Ridgefield	State CT	Zip Code 06877-1060	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 772.37	
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. Bradley J. Jensen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57554296	
Mailing Address 21 Whisperwood Circle		Amount of Each Receipt this Period 80.00	
City Lubbock	State TX	Zip Code 79416-3137	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 440.00	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Gregory D. Jensen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1760296	
Mailing Address 16850 Berkshire Court		Amount of Each Receipt this Period 153.86	
City Sw Ranches	State FL	Zip Code 33331-1332	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 577.01	
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) ▶	387.72
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 56 / 138
	<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. David L. Johnson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85319296	
Mailing Address 27694 Highway 30		Amount of Each Receipt this Period 50.00	
City Glidden	State IA	Zip Code 51443-8807	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 ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Jim Johnson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1726296	
Mailing Address 1635 Cliff Avenue		Amount of Each Receipt this Period 100.00	
City Duluth	State MN	Zip Code 55811-2101	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 ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Harris Kagan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69462296	
Mailing Address 1608 Pandora Avenue		Amount of Each Receipt this Period 50.00	
City Los Angeles	State CA	Zip Code 90024-6114	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 ▼ 250.00	

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 57 / 138
	<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. Steven R. Kaniski		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1412296	
Mailing Address 9403 Wiskey Bar		Amount of Each Receipt this Period 83.33	
City Loomis	State CA	Zip Code 95650-8881	P/R Deduction (\$83.33 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 416.65	
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) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Bernee V. Kapili M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64242296	
Mailing Address 200 East End Avenue Apt. 14G		Amount of Each Receipt this Period 76.94	
City New York	State NY	Zip Code 10128-7891	P/R Deduction (\$38.47 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 288.56	
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) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Ronald Karkela		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1720296	
Mailing Address 7214 Maple Lane		Amount of Each Receipt this Period 50.00	
City Horace	State ND	Zip Code 58047-4711	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00	
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)	210.27
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 / 138
	<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. George M. Kay		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44892296
Mailing Address 8930 Colonial Place		Amount of Each Receipt this Period 40.00
City Duluth State GA Zip Code 30097-6650	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 Zone Vice President	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Mr. Johnson Kho		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR612296
Mailing Address 110 Westminster Road		Amount of Each Receipt this Period 50.00
City Scarsdale State NY Zip Code 10583-2425	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 ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Mr. James J. Killgore		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1933296
Mailing Address 4123 Campus Green Lp		Amount of Each Receipt this Period 50.00
City Lacey State WA Zip Code 98516-6241	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 ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 59 / 138
	<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. Bill Kimbrough		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1409296	
Mailing Address 5096 Cypress Lake Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Lake Park GA 31636-3140	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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. Jeff King		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1143296	
Mailing Address 8037 Lea Court		Amount of Each Receipt this Period 50.00	
City State Zip Code Holland OH 43528-8042	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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Kim D. King		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1128296	
Mailing Address 8037 Lea Court		Amount of Each Receipt this Period 80.00	
City State Zip Code Holland OH 43528-8042	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$80.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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 60 / 138
	<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. Yoshio Kinjo Mailing Address 241 S Peralta Hills Drive City Anaheim State CA Zip Code 92807-3425 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2060296 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 ▼ 416.65		

B. Full Name (Last, First, Middle Initial) Lee Kitzenberg Mailing Address 5814 Vernon Lane City Edina State MN Zip Code 55436-2250 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR71260296 Amount of Each Receipt this Period 85.00 P/R Deduction (\$85.00 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 ▼ 425.00		

C. Full Name (Last, First, Middle Initial) Mr. Mark Koskovich Mailing Address 5717 Cavender Drive City Plano State TX Zip Code 75093-5966 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2284296 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 ▼ 275.00		

SUBTOTAL of Receipts This Page (optional)	218.33
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 61 / 138
	<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. Michael J. Kraft Mailing Address 59A Saddle Road City State Zip Code Walnut Creek CA 94595-2743 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2066296 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 ▼ 384.70

B. 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: PR44874296 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 ▼ 275.00

C. 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: PR97296 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 ▼ 250.00

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:	PAGE 62 / 138
	(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

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. Joseph J. La Pietra		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44893296	
Mailing Address 12601 Split Creek Court		Amount of Each Receipt this Period 50.00	
City State Zip Code North Potomac MD 20878-3999	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Managing 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 ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Mr. Kinh-Huu Lam		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44872296	
Mailing Address 991 Lurline Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Foster City CA 94404-1832	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 ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Mr. John B. Langdon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73518296	
Mailing Address 4109 Michael Neill Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Austin TX 78730-1432	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Cvp - Ltc Zone Sales	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 ▼ 275.00		

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 63 / 138
	<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. Joe Kin Foo Lau		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11278 Del Golfo		Transaction ID: PR70716296	
City Yuma	State AZ	Amount of Each Receipt this Period 50.00	
Zip Code 85367-8959		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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. James M. Lauzon		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 8 New Castle Drive		Transaction ID: PR39296	
City Avon	State CT	Amount of Each Receipt this Period 115.38	
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 ▼ 510.76		

Full Name (Last, First, Middle Initial) C. Mr. Jon A. Law		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5 Mann Drive		Transaction ID: PR57549296	
City Liverpool	State NY	Amount of Each Receipt this Period 153.86	
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 ▼ 727.72		

SUBTOTAL of Receipts This Page (optional) ▶	319.24
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 / 138		
	<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

A. Full Name (Last, First, Middle Initial) Mr. Ronald J. LeFrancois		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR132296	
Mailing Address 4336 Verplanck Place		Amount of Each Receipt this Period 40.00	
City Washington State DC Zip Code 20016-2428	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 ▼ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. William F. Leisman, III		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR70680296	
Mailing Address 4 Orchard Avenue		Amount of Each Receipt this Period 83.34	
City Weston State MA Zip Code 02193-2219	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 ▼ 416.70		
		P/R Deduction (\$83.34 Monthly)	

C. Full Name (Last, First, Middle Initial) Mr. Kenneth R. Lemonte		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR84222296	
Mailing Address 3818 Cindy Lane		Amount of Each Receipt this Period 125.00	
City Seven Hills State OH Zip Code 44131-3119	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 ▼ 375.00		
		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 65 / 138
	<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. Scott L. Lenz		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 41 Bellevue Avenue		Transaction ID: PR72959296	
City State Zip Code Summit NJ 07901-2007		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company		Occupation Vice President & Associate Tax Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Howard Levy		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 14 Strafford Lane		Transaction ID: PR534296	
City State Zip Code Bedford NH 03110-4536		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 ▼ 429.00	
		P/R Deduction (\$39.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Terry K. Lewis		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 5612 Dale Avenue		Transaction ID: PR1734296	
City State Zip Code Edina MN 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 ▼ 400.00	
		P/R Deduction (\$80.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	218.00
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 66 / 138
	<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)
Mr. William R. Lindsey

Mailing Address 664 South Wabash Avenue

City State Zip Code
Redlands CA 92374-6428

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 ▼
416.65

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

Transaction ID: PR54323296

Amount of Each Receipt this Period
83.33

P/R Deduction (\$83.33 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald E. Lippencott

Mailing Address 743 Pinetree Court

City State Zip Code
Point Jefferson NY 11777-1974

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 ▼
400.00

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

Transaction ID: PR61382296

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Monthly)

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

Mailing Address 15185 Wood Duck Trail Northwest

City State Zip Code
Prior Lake MN 55372-0000

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 ▼
657.72

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

Transaction ID: PR58615296

Amount of Each Receipt this Period
153.86

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

SUBTOTAL of Receipts This Page (optional)	337.19
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 / 138
	<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. William F. Lyon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1114296	
Mailing Address 3809 Arbor Lane		Amount of Each Receipt this Period 41.67	
City State Zip Code Cincinnati OH 45255-5628	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 ▼ 208.35		

Full Name (Last, First, Middle Initial) B. Mr. David A. Lyons		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1804296	
Mailing Address 5 Hawthorne Lane		Amount of Each Receipt this Period 50.00	
City State Zip Code Lawrence NY 11559-2520	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 ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Mr. J. Peter Lyons		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR113296	
Mailing Address 54 Cranmore Road		Amount of Each Receipt this Period 83.35	
City State Zip Code Wellesley MA 02181-1330	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$83.35 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.75		

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 68 / 138
	<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. Jerry Macias		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1530 Avenida Quintas		Transaction ID: PR2143296	
City State Zip Code Las Cruces NM 88001-3509	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 ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Leonard J. Mackesy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8 Hillside Avenue		Transaction ID: PR66027296	
City State Zip Code Kearny NJ 07032-1633	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 - Security		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00	P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. Mr. Akshay Madan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 210 Indian Trail Road		Transaction ID: 348802	
City State Zip Code Oak Brook IL 60523-2795	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Life Insurance Company	Occupation Senior V.P. - Northeastern Agencies		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1625.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 600.00
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 69 / 138
	<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. Akshay Madan

Mailing Address 210 Indian Trail Road

City State Zip Code
Oak Brook IL 60523-2795

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

Name of Employer
New York Life Insurance Company

Occupation
Senior V.P. - Northeastern Agencies

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2006

Transaction ID: 353450

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$11-25.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City State Zip Code
Sammamish WA 98074-0000

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 ▼
690.44

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

Transaction ID: PR44895296

Amount of Each Receipt this Period
153.86

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

C. Full Name (Last, First, Middle Initial)
Mr. Lindsay J. Malkiewich

Mailing Address 7 Bent Birch Place

City State Zip Code
Parsippany NJ 07054-2215

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

Name of Employer
New York Life Insurance Company

Occupation
Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: PR73504296

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	203.86
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 70 / 138
	<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. Jeff Marsh Mailing Address 1749 W 15th Avenue City Torrington State WY Zip Code 82240-3706 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1917296 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 ▼ 416.65		

B. Full Name (Last, First, Middle Initial) Mr. Robert P. Mason Mailing Address 7 Glarus Court City Fairport State NY Zip Code 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: PR44914296 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 ▼ 495.00		

C. Full Name (Last, First, Middle Initial) Mr. Theodore A. Mathas Mailing Address 14 Cole Drive City Armonk State NY Zip Code 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: PR932296 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 ▼ 550.97		

SUBTOTAL of Receipts This Page (optional)	327.19
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 / 138
	<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. William Mattox Mailing Address 3742 N Tazewell Street City Arlington State VA Zip Code 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: PR86098296 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 ▼ 692.37		

B. Full Name (Last, First, Middle Initial) Mr. Steve Maus Mailing Address 4821 Augusta Drive City Frisco State TX Zip Code 75034-6841 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1702296 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. Scott Maycock Mailing Address 359 County Road #250 City Durango State CO Zip Code 81301-6976 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1934296 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 ▼ 250.00		

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 72 / 138
	<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. Carol S. Mayer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64268296	
Mailing Address 27 Spook Ridge Road		Amount of Each Receipt this Period 38.50	
City State Zip Code U Saddle River NJ 07458-1525	FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.25 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 V.P. & Associate General Counsel Aggregate Year-to-Date ▼ 211.75		

B. Full Name (Last, First, Middle Initial) Mr. Mark James McAdams		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61497296	
Mailing Address 2402 Laureldale Park Lane		Amount of Each Receipt this Period 50.00	
City State Zip Code Spring TX 77386-2974	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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Peter J. McAvinn		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74296	
Mailing Address 49 Fiske Road		Amount of Each Receipt this Period 153.86	
City State Zip Code Wellesley MA 02481-3423	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 ▼ 552.72		

SUBTOTAL of Receipts This Page (optional) ▶	242.36
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 74 / 138
	(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

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. Scott K. McGuire

Mailing Address 1983 Woodlake Drive

City State Zip Code
Benton LA 71006-9305

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 ▼
400.00

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

Transaction ID: PR921296

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Ms. Barbara J. McInerney

Mailing Address 510 E 23rd Street

City State Zip Code
New York NY 10010-5012

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

Name of Employer
New York Life Insurance Company

Occupation
Svp - Corporate Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.55

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

Transaction ID: PR57513296

Amount of Each Receipt this Period
76.94

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

C. Full Name (Last, First, Middle Initial)
Mr. Robert McKinley

Mailing Address 269 Bryn Mawr Circle

City State Zip Code
Houston TX 77024-6811

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

Name of Employer
New York Life Insurance Company

Occupation
Senior Vice President - Pacific Agenci

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
473.00

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

Transaction ID: PR1630296

Amount of Each Receipt this Period
100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	256.94
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:	PAGE 75 / 138
	(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

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. Jerry B. McKinney		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44896296
Mailing Address 26905 Stockdick School Road		Amount of Each Receipt this Period 76.94
City State Zip Code Katy TX 77493-6415	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 ▼ 382.76	

Full Name (Last, First, Middle Initial) B. Mr. Robert A. McLoughlin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66024296
Mailing Address 6 Hollywood Drive		Amount of Each Receipt this Period 50.00
City State Zip Code Dobbs Ferry NY 10522-3009	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 Vice President Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Mr. James P. McNicholas		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR46768296
Mailing Address 32 Kinzley Street		Amount of Each Receipt this Period 50.00
City State Zip Code Little Ferry NJ 07643-1006	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 Director Aggregate Year-to-Date ▼ 275.00	

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 76 / 138
	<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. Steven D. Meier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1180296	
Mailing Address 4575 Lanercost Way		Amount of Each Receipt this Period 41.67	
City Columbus	State OH	Zip Code 43220-2916	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 ▼ 208.35	

Full Name (Last, First, Middle Initial) B. Mr. John R. Meyer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR186296	
Mailing Address 996 Stafford Avenue		Amount of Each Receipt this Period 153.86	
City Staten Island	State NY	Zip Code 10309-2110	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.87	

Full Name (Last, First, Middle Initial) C. Mr. Timothy I. Miller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR11296	
Mailing Address 285 Main St.		Amount of Each Receipt this Period 50.00	
City Dunstable	State MA	Zip Code 01827-1911	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 Senior Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

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 77 / 138
	<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. Steven T. Mindak		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1952296
Mailing Address 9290 E Thompson Peak Parkway Lot 4		Amount of Each Receipt this Period 100.00
City State Zip Code Scottsdale AZ 85255-4514	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 ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Amrit Mittal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1279296
Mailing Address 215 Rugeley Rdd		Amount of Each Receipt this Period 84.00
City State Zip Code Western Springs IL 60558-1954	FEC ID number of contributing federal political committee. C	P/R Deduction (\$84.00 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 ▼ 420.00	

C. Full Name (Last, First, Middle Initial) Mr. Roger H. Morris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1839296
Mailing Address 2101 N Westwood Avenue		Amount of Each Receipt this Period 80.00
City State Zip Code Santa Ana CA 92706-1943	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 ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	264.00
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:	PAGE 78 / 138						
	(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

A. 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR796296 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		

B. 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR69660296 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 Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		

C. Full Name (Last, First, Middle Initial) Mr. Kent E. Moss Mailing Address 11409 Paldao Road City State Zip Code Tampa FL 33618-3923 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1078296 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 ▼ 483.34		

SUBTOTAL of Receipts This Page (optional)	223.34
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 79 / 138
	<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) Mr. Brian A. Murdock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR74552296	
Mailing Address 23 Running Cedar Road		Amount of Each Receipt this Period 153.86	
City State Zip Code Princeton NJ 08540-7561	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation President	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 ▼ 624.65		

B. Full Name (Last, First, Middle Initial) Mr. Thomas J. Murray, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR139296	
Mailing Address 65 Spinning Wheel		Amount of Each Receipt this Period 52.00	
City State Zip Code Trumbull CT 06611-2674	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Cvp - Compliance	P/R Deduction (\$26.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.00		

C. Full Name (Last, First, Middle Initial) Mr. David L. Mussehl		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57522296	
Mailing Address 17 Nature Lane		Amount of Each Receipt this Period 153.86	
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	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 ▼ 341.39		

SUBTOTAL of Receipts This Page (optional) ▶	359.72
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 80 / 138
	<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. 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 Occupation
New York Life Insurance Company Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

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

Transaction ID: PR66025296

Amount of Each Receipt this Period
50.00

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

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 Occupation
New York Life Insurance Company Svp

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 730.85

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

Transaction ID: PR1372296

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 Occupation
New York Life Insurance Company Managing Partner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 456.50

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

Transaction ID: PR1576296

Amount of Each Receipt this Period
83.00

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

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 81 / 138
	<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. C. Ernie Nivens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1013296	
Mailing Address 3320 Randolph Park Cr		Amount of Each Receipt this Period 83.34	
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	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 ▼ 416.70		

Full Name (Last, First, Middle Initial) B. Mr. Michael Noland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1569296	
Mailing Address 5933 S Knoxville		Amount of Each Receipt this Period 166.67	
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	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 ▼ 670.01		

Full Name (Last, First, Middle Initial) C. Mr. L. Bruce Nole		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2207296	
Mailing Address 3684 Paradise Road Apt. C1032		Amount of Each Receipt this Period 100.00	
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	P/R Deduction (\$100.00 Monthly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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 83 / 138
	<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 H. O'Byrne		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327296	
Mailing Address 18 Crowne Pond Lane		Amount of Each Receipt this Period 70.00	
City Wilton	State CT	Zip Code 06897-3029	P/R Deduction (\$35.00 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 ▼ 315.00	

Full Name (Last, First, Middle Initial) B. Mr. Thomas J. O'Grady		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65437296	
Mailing Address 6006 Three Rivers Drive		Amount of Each Receipt this Period 50.00	
City Harrisburg	State PA	Zip Code 17112-3553	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 ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Mr. David A. Odom		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57557296	
Mailing Address 24719 Bogey Ridge		Amount of Each Receipt this Period 50.00	
City San Antonio	State TX	Zip Code 78258-4805	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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	170.00
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 84 / 138
	<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. Francis Ok		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18 Robinhood Drive		Transaction ID: PR57564296	
City State Zip Code Mountain Lakes NJ 07046-1462	Amount of Each Receipt this Period _____ 500.00		
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 ▼ _____ 500.00	P/R Deduction (\$500.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Todd Olig		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1006 Dewey Street		Transaction ID: PR21273296	
City State Zip Code Kiel WI 53042-1242	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 ▼ _____ 250.00	P/R Deduction (\$50.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Ms. Cande J. Olsen		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 85 Canterbury Road		Transaction ID: PR656296	
City State Zip Code Chatham NJ 07928-2901	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 - Regulatory Modernization		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 607.72	P/R Deduction (\$76.93 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 703.86
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 85 / 138
	<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. Ken Olson Mailing Address PO Box 100 City State Zip Code Black River Falls WI 54615-0100 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1356296 Amount of Each Receipt this Period 175.00 P/R Deduction (\$175.00 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 ▼ 575.00		

B. Full Name (Last, First, Middle Initial) Mr. Rob Ostberg Mailing Address 48 Greenleaf Drive City State Zip Code Northampton MA 01060-9768 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR90296 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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Ralph P. Owen Mailing Address 3317 Highway 63 City State Zip Code Bloomfield IA 52537-8063 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61327296 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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	275.00
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 86 / 138
	<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. Ms. Mangala K. Pai-Panandiker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1722296	
Mailing Address 19425 Vineridge Road		Amount of Each Receipt this Period 83.34	
City State Zip Code Excelsior MN 55331-9173	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 ▼ 416.70			

Full Name (Last, First, Middle Initial) B. Mr. Salwyn M. Parker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1092296	
Mailing Address 505 Woodbine Lane		Amount of Each Receipt this Period 50.00	
City State Zip Code El Paso TX 79912-1352	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 G.O. Agency Standards Consultant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 275.00			

Full Name (Last, First, Middle Initial) C. Mr. G. Joseph Pasma, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1330296	
Mailing Address 7397 Heather Ridge Southeast		Amount of Each Receipt this Period 50.00	
City State Zip Code Caledonia MI 49316-9010	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 ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	183.34
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 87 / 138
	<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. Paul T. Pasteris		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7 Crestview Drive		Transaction ID: PR85351296	
City South Deerfield	State MA	Amount of Each Receipt this Period _____ 76.94	
Zip Code 01373-0000		P/R Deduction (\$38.47 Bi-Weekly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 76.94	
Name of Employer New York Life Insurance Company	Occupation Svp - Retirement Income	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 ▼ _____ 293.88	P/R Deduction (\$38.47 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. Mr. Narottam Narandas Patel		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10 B Ashwood Mall		Transaction ID: PR21172296	
City Old Bridge	State NJ	Amount of Each Receipt this Period _____ 83.34	
Zip Code 08857-2015		P/R Deduction (\$83.34 Monthly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 83.34	
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 ▼ _____ 416.70	P/R Deduction (\$83.34 Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Raman K. Patel		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3281 Pleasant Run		Transaction ID: PR1259296	
City Northbrook	State IL	Amount of Each Receipt this Period _____ 100.00	
Zip Code 60062-7411		P/R Deduction (\$100.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Amount of Each Receipt this Period _____ 100.00	
Name of Employer New York Life Insurance Company	Occupation Agent	P/R Deduction (\$100.00 Monthly)	
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)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 260.28
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 88 / 138
	<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"/>	<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. Lydia Patricio		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR85330296	
Mailing Address 2627 Alemany Boulevard		Amount of Each Receipt this Period 50.00	
City San Francisco	State CA	Zip Code 94112-4101	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 ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Jean-Louis M. Pedat		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66022296	
Mailing Address 80 Varick Street #1G		Amount of Each Receipt this Period 80.00	
City New York	State NY	Zip Code 10013-1924	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 Cvp - Internet Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

C. Full Name (Last, First, Middle Initial) Mr. Gideon A. Pell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR224296	
Mailing Address 61 Holbrook Drive		Amount of Each Receipt this Period 153.86	
City Stamford	State CT	Zip Code 06906-1514	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.65		

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 89 / 138
	<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) Mr. Douglas W. Pelz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64543296
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	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 ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. John Pereira		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR61437296
Mailing Address 2815 E 10th Street		Amount of Each Receipt this Period 83.33
City State Zip Code the Dalles OR 97058-4020	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

C. Full Name (Last, First, Middle Initial) Mr. Robert Hinckley Perry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2104296
Mailing Address 1227 E Meadows Ridge Road		Amount of Each Receipt this Period 83.34
City State Zip Code Sandy UT 84094-5713	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 ▼ 333.36	

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 90 / 138
	<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. Jeff Perryman Mailing Address 6600 W 20th Street #43 City State Zip Code Greeley CO 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: PR56617296 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 ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Mr. Mark W. Pfaff Mailing Address 330 Stockbridge Road City State Zip Code Charlotte VT 05445-9356 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR584296 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 - Agency Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 808.37		

C. Full Name (Last, First, Middle Initial) Mr. Michael T. Piotrowicz Mailing Address 504 Anthony Drive City State Zip Code Plymouth Mtng PA 19462-1040 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR777296 Amount of Each Receipt this Period 90.00 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 ▼ 450.00		

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 91 / 138
	<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. Anne F. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR587296
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 ▼ 769.31	

B. Full Name (Last, First, Middle Initial) Mr. Oren Popper		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54058296
Mailing Address 1448 President Street		Amount of Each Receipt this Period 166.67
City State Zip Code Brooklyn NY 11213-4435	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 ▼ 750.02	

C. Full Name (Last, First, Middle Initial) Mr. Donald G. Presley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2257296
Mailing Address 4502 Obispo Avenue		Amount of Each Receipt this Period 46.16
City State Zip Code Lakewood CA 90712-3647	FEC ID number of contributing federal political committee. C	P/R Deduction (\$23.08 Bi-Weekly)
Name of Employer New York Life Insurance Company	Occupation Life Product Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.88	

SUBTOTAL of Receipts This Page (optional) ▶	366.69
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 92 / 138
	<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) Mr. Christopher J. Prudhomme		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1538296	
Mailing Address 502 Princeton Woods Loop		Amount of Each Receipt this Period 76.94	
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	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 ▼ 423.17		

B. Full Name (Last, First, Middle Initial) Ms. Louise Pumphrey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54321296	
Mailing Address 3735 E Ellsworth Avenue #C		Amount of Each Receipt this Period 50.00	
City State Zip Code Denver CO 80209-5629	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 ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Todd Purich		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54768296	
Mailing Address 6332 Battlevue Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Raleigh NC 27613-7148	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 ▼ 250.00		

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 93 / 138
	<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) 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: PR1155296 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 ▼ 250.00

B. 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: PR54060296 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 ▼ 370.00

C. Full Name (Last, First, Middle Initial) Mr. Stephen G. Ray Mailing Address 225 Montair Drive City Danville State CA Zip Code 94526-3742 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1588296 Amount of Each Receipt this Period 153.86 P/R Deduction (\$76.93 Bi-Weekly)
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 ▼ 762.37

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 94 / 138
	<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. Roberto Recine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR561296	
Mailing Address 12800 Cumberland Circle		Amount of Each Receipt this Period 40.00	
City Anchorage State AK Zip Code 99516-2746	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Mr. Thomas J. Reilly		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73476296	
Mailing Address 11 Running Deer Road		Amount of Each Receipt this Period 76.92	
City Dartmouth State MA Zip Code 02747-1351	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 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 ▼ 423.06		

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: PR85326296	
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		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		

SUBTOTAL of Receipts This Page (optional) ▶	200.26
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 / 138
	<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) Mr. Gilbert A. Ridgely, Jr. Mailing Address 314 Mannering Drive City State Zip Code Dover DE 19901-5407 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR819296 Amount of Each Receipt this Period 75.00 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 ▼ 375.00		

B. 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: PR1690296 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 ▼ 416.65		

C. 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: PR351296 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 ▼ 730.85		

SUBTOTAL of Receipts This Page (optional)	312.19
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 / 138
	<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) Mr. John Rocco Clu Msfs Mailing Address 16 Midland Road City Lynnfield State MA Zip Code 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: PR80296 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 ▼ 416.65		

B. Full Name (Last, First, Middle Initial) Mr. Robert D. Rock Mailing Address 8 Park Place City Short Hills State NJ Zip Code 07078-2826 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR279296 Amount of Each Receipt this Period 38.48 P/R Deduction (\$19.24 Bi-Weekly)
Name of Employer: New York Life Insurance Company Occupation: Svp - Individual Annuity Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64		

C. Full Name (Last, First, Middle Initial) Ms. Sharon A. Rockett Mailing Address 310 6th Street City Raymond State WA Zip Code 98577-2503 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2011296 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 ▼ 250.00		

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 97 / 138
	<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. Mark H. Rodden Mailing Address 17 Old Mail Road City Amherst State NH Zip Code 03031-1634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR66980296 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 ▼ 377.72		P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Charles F. Rowell, Jr. Mailing Address 1611 Blackburn Heights Drive City Sewickley State PA Zip Code 15143-8627 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR940296 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 ▼ 577.01		P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. Eric S. Rubin Mailing Address 419 Freeman Avenue City Oceanside State NY Zip Code 11572-4506 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR416296 Amount of Each Receipt this Period 153.86
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 ▼ 657.72		P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	461.58
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 98 / 138
	<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. Joyce B. Russell Mailing Address 1005 Fraser Avenue Southeast City State Zip Code Huntsville AL 35801-3138 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44898296 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 Senior G.O. Agency Standards Consultant Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

B. 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: PR1640296 Amount of Each Receipt this Period 83.33
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 ▼ 416.65	P/R Deduction (\$83.33 Monthly)

C. 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: PR56626296 Amount of Each Receipt this Period 83.33
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 ▼ 416.65	P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)	216.66
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 99 / 138
	<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) Mr. Kulbhusan L. Sareen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2228296
Mailing Address 405 Darrell Road		Amount of Each Receipt this Period 153.86
City Hillsborough State CA Zip Code 94010-6709	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 ▼ 873.86	P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) Mr. Frank Scarpa		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR559296
Mailing Address 5 Abbington Way		Amount of Each Receipt this Period 153.86
City Morristown State NJ Zip Code 07960-3314	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 ▼ 577.01	P/R Deduction (\$76.93 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) Mr. Peter W. Scheid		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1191296
Mailing Address 3175 Scarborough Road		Amount of Each Receipt this Period 50.00
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	357.72
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 100 / 138
	<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. Barry A. Schub		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 4 Wren Court		Transaction ID: PR61569296	
City Morristown	State NJ	Amount of Each Receipt this Period 38.48	
Zip Code 07960-6346		P/R Deduction (\$19.24 Bi-Weekly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 211.64	
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	

Full Name (Last, First, Middle Initial) B. Mr. Lawson J. Schuford, Jr.		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 201 Plano Street		Transaction ID: PR1610296	
City Shreveport	State LA	Amount of Each Receipt this Period 41.70	
Zip Code 71103-2056		P/R Deduction (\$41.70 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 208.50	
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	

Full Name (Last, First, Middle Initial) C. Mr. Curtis T. Schultz		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2204 Cherokee		Transaction ID: PR1252296	
City Valparaiso	State IN	Amount of Each Receipt this Period 166.67	
Zip Code 46383-2284		P/R Deduction (\$166.67 Monthly)	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 766.68	
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	

SUBTOTAL of Receipts This Page (optional)	246.85
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 / 138		
	<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. John P. Schwan		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1320 N Arch		Transaction ID: PR1897296		
City State Zip Code Aberdeen SD 57401-2147	Amount of Each Receipt this Period _____ 166.67		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 ▼ _____ 750.02				

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: PR71792296		
City State Zip Code Trappe MD 21673-1843	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 Chief Information Officer		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ _____ 220.00				

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: PR44880296		
City State Zip Code Macon GA 31210-0000	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		
Occupation Managing Partner		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ _____ 211.94				

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 102 / 138
	<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. Michael F. Scovel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44900296	
Mailing Address 1501 E Central Road #327		Amount of Each Receipt this Period 76.94	
City State Zip Code Arlington Heights IL 60005-0000	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 ▼ 301.94		

Full Name (Last, First, Middle Initial) B. Mr. Arthur H. Seter		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR64266296	
Mailing Address 1 Merion Drive		Amount of Each Receipt this Period 76.94	
City State Zip Code Purchase NY 10577-1301	FEC ID number of contributing federal political committee. C		
Name of Employer New York Life Insurance Company	Occupation Senior Managing Director	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 ▼ 221.22		

Full Name (Last, First, Middle Initial) C. Mr. Puneet Seth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR65434296	
Mailing Address 3 Saint Georges Road		Amount of Each Receipt this Period 50.00	
City State Zip Code East Brunswick NJ 08816-4626	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 ▼ 275.00		

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 104 / 138
	<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. Alan H. Shortell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR63216296	
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	Aggregate Year-to-Date 211.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Mr. Frederick J. Sievert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1312296	
Mailing Address 260 S Lake Drive		Amount of Each Receipt this Period 153.86	
City State Zip Code Stamford CT 06903-1028	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	Aggregate Year-to-Date 428.12	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Alan Silver		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21375296	
Mailing Address 1000 Marina Village Parkway Suite		Amount of Each Receipt this Period 90.00	
City State Zip Code Alameda CA 94501-6457	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 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	282.34
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 105 / 138
	<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. Ross-Morris Sims		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1421296	
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			
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 ▼ 275.00	

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: PR1331296	
Mailing Address 4052 Walton Ridge Court		Amount of Each Receipt this Period 50.00	
City Mason	State OH	Zip Code 45040-5916	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 ▼ 275.00	

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: PR289296	
Mailing Address 32 Dykers Farm Road		Amount of Each Receipt this Period 38.48	
City North Haledon	State NJ	Zip Code 07508-2649	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 Svp		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64	

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 106 / 138
	<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: PR1515296	
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 ▼ 208.35		

B. Full Name (Last, First, Middle Initial) Mr. David Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2307296	
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 ▼ 336.58		

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: PR57563296	
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 ▼ 440.00		

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 107 / 138
	<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. James J. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 22 Palmer Terrace		Transaction ID: PR74530296	
City Riverside	State CT	Zip Code 06878-2103	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 Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Ms. Jeannette L. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3734 Vancouver Drive		Transaction ID: PR21534296	
City Reno	State NV	Zip Code 89511-6048	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 Manager - Life Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Robert J. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 39856 Morningside		Transaction ID: PR366296	
City Rancho Mirage	State CA	Zip Code 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 ▼ _____ 400.00		
		P/R Deduction (\$80.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 170.00
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:	PAGE 108 / 138
	(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

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. Robert L. Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR752296	
Mailing Address 99 Cascade Road		Amount of Each Receipt this Period 153.86	
City Stamford	State CT	Zip Code 06903-4226	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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 577.01	

B. Full Name (Last, First, Middle Initial) Mr. Thomas H. Smoot, II		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1052296	
Mailing Address 102 Park Avenue PO Box 21755		Amount of Each Receipt this Period 166.67	
City St. Simons Island	State GA	Zip Code 31522-0855	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 ▼ 499.99	

C. Full Name (Last, First, Middle Initial) Mr. Enrico R. Sorrentino		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR262296	
Mailing Address 1256 Turnbury Lane		Amount of Each Receipt this Period 50.00	
City North Wales	State PA	Zip Code 19454-3658	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 ▼ 275.00	

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 109 / 138
	<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. Ms. Alison Flaum Souksamlane		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 15035 Stonetower		Transaction ID: PR409296		
City State Zip Code San Antonio TX 78248-2706	Amount of Each Receipt this Period _____ 83.34		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 ▼ _____ 416.70	_____		

Full Name (Last, First, Middle Initial) B. Mr. Jerry L. Spivey		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1307 Fairway Drive		Transaction ID: PR1048296		
City State Zip Code Elberton GA 30635-2611	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ _____ 250.00	_____		

Full Name (Last, First, Middle Initial) C. Mr. Michael E. Sproule		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 16 Middle Beach Road		Transaction ID: PR570296		
City State Zip Code Madison CT 06443-3053	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation E.V.P. & Chief Financial Officer Aggregate Year-to-Date ▼ _____ 500.09	_____		

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 110 / 138
	<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. Gerry Stadler Mailing Address E10011 Fawn Lane City Reedsburg State WI Zip Code 53959-9632 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1351296 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 ▼ 250.00

B. Full Name (Last, First, Middle Initial) Mr. John B. Stagg Mailing Address 8816 S Lakewood Court City Tulsa State OK Zip Code 74137-3124 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1507296 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 ▼ 482.72

C. Full Name (Last, First, Middle Initial) Ms. Tema L. Steele Mailing Address 104 Van Buren Road City Voorhees State NJ Zip Code 08043-2354 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR764296 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

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 111 / 138
	<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) Mr. Joel M. Steinberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR855296	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

B. Full Name (Last, First, Middle Initial) Mr. Stephen N. Steinig		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR151296	
Mailing Address 37 Westcliff Drive		Amount of Each Receipt this Period 58.47	
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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.47		
		P/R Deduction (\$38.47 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Seymour Sternberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR211296	
Mailing Address 9 Stoneleigh Manor		Amount of Each Receipt this Period 153.86	
City State Zip Code Purchase NY 10577-2232	FEC ID number of contributing federal political committee. C		
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) ▼	Aggregate Year-to-Date ▼ 615.47		
		P/R Deduction (\$76.93 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	272.33
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 112 / 138
	<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. Rick K. Stivers Mailing Address 7564 Linidisfarne Lane City State Zip Code Franklin TN 37064-6256 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2154296 Amount of Each Receipt this Period 166.67
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 ▼ 666.69		P/R Deduction (\$166.67 Monthly)

B. Full Name (Last, First, Middle Initial) Mr. B. Christopher Stokes Mailing Address 3657 Patuxent River Road City State Zip Code Davidsonville MD 21035-2422 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR883296 Amount of Each Receipt this Period 125.00
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 ▼ 583.34		P/R Deduction (\$125.00 Monthly)

C. Full Name (Last, First, Middle Initial) Mr. Scott E. Stone Mailing Address 271 Gasparella Lane City State Zip Code Port Aransas TX 78373-0000 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73475296 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 ▼ 275.00		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	341.67
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 113 / 138
	(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

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. Jerry Sullivan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21403296	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Agent Aggregate Year-to-Date ▼ 416.70		

B. Full Name (Last, First, Middle Initial) Mr. Shane M. Swanson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1855296	
Mailing Address 316 E Ranney Avenue		Amount of Each Receipt this Period 153.86	
City State Zip Code Vernon Hills IL 60061-4132	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 ▼ 657.72		

C. Full Name (Last, First, Middle Initial) Mr. Eric K. Takao		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21386296	
Mailing Address 752 Pahumele Place		Amount of Each Receipt this Period 100.00	
City State Zip Code Kailua HI 96734-3513	FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	337.20
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 114 / 138
	<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. William J. Terry, III Mailing Address 43 Winchester Road City State Zip Code Arlington MA 02474-1019 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR57555296 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 ▼ 275.00		

B. Full Name (Last, First, Middle Initial) Mr. Jeffrey E. Thol Mailing Address 736 High Street City State Zip Code Honesdale PA 18431-1738 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR54771296 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) Ms. Gayl Thomas Mailing Address 6109 Mesa Road City State Zip Code Reno NV 89511-5633 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR73481296 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
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) ▼ Aggregate Year-to-Date ▼ 440.00		

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 115 / 138
	<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. Wayne Thomas

Mailing Address 29 Cycas Drive

City State Zip Code
Kenner LA 70065-6188

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

Name of Employer New York Life Insurance Company
Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: PR54249296

Amount of Each Receipt this Period
50.00

P/R Deduction (\$50.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City State Zip Code
Wichita KS 67206-2404

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 ▼
580.72

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

Transaction ID: PR1943296

Amount of Each Receipt this Period
153.86

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

C. Full Name (Last, First, Middle Initial)
Mr. Dan L. Ting

Mailing Address C/O Nylife International
51 Madison

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 Country Head - Taiwan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR71791296

Amount of Each Receipt this Period
40.00

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

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 116 / 138
	<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. Jerry R. Tinsley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1566296	
Mailing Address 18724 Nautical Drive Unit 1		Amount of Each Receipt this Period 153.86	
City Cornelius	State NC	Zip Code 28031-0000	P/R Deduction (\$76.93 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 657.72	
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. Sidney A. Triche		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1516296	
Mailing Address 312 West 23rd PO Box 159		Amount of Each Receipt this Period 75.00	
City Larose	State LA	Zip Code 70373-0159	P/R Deduction (\$75.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.00	
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. Thomas J. Troeller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR582296	
Mailing Address 12 Crape Myrtle Drive		Amount of Each Receipt this Period 70.00	
City Holmdel	State NJ	Zip Code 07733-1529	P/R Deduction (\$35.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 315.00	
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) ▼			

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 118 / 138
	<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. Mark Vahala		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 500 Cedar Elm Court		Transaction ID: PR1206296	
City Irving	State TX	Zip Code 75063-8467	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)	

B. Full Name (Last, First, Middle Initial) Charles W. Van Devander		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10396 Whispering Pines Drive		Transaction ID: PR61188296	
City Frisco	State TX	Zip Code 75034-3807	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 Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 205.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

C. Full Name (Last, First, Middle Initial) Mr. Bill Van Winkle		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 41 Breezy Point		Transaction ID: PR717296	
City Little Silver	State NJ	Zip Code 07739-1703	Amount of Each Receipt this Period _____ 90.00
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 ▼ _____ 450.00		
		P/R Deduction (\$90.00 Monthly)	

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 119 / 138
	<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. Raymond Vitek, Jr.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1582296
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	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Richard A. Wadsworth		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406296
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	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Robin M. Wahby		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR888296
Mailing Address 385 Royal Tern Rd. S		Amount of Each Receipt this Period 153.86
City State Zip Code Ponte Vedra FL 32082-6209	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 ▼ 336.58	

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 120 / 138
	<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. Michael J. Wallace

Mailing Address 1654 Wheatgrass Court

City State Zip Code
Reno NV 89509-6912

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 ▼
310.00

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

Transaction ID: PR1980296

Amount of Each Receipt this Period
80.00

P/R Deduction (\$80.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. David Walsh

Mailing Address 150 Vista Grande

City State Zip Code
Greenbrae CA 94904-1135

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 ▼
833.35

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

Transaction ID: PR86296

Amount of Each Receipt this Period
166.67

P/R Deduction (\$166.67 Monthly)

C. 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**

Name of Employer
New York Life Insurance Company

Occupation
Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: PR73503296

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	296.67
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 121 / 138
	<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. Thomas J. Warga Mailing Address 2500 Abbey Lane City <u>Seaford</u> State <u>NY</u> Zip Code <u>11783-3509</u> FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR669296 Amount of Each Receipt this Period <input type="text"/> 50.00 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 Svp & General Auditor Aggregate Year-to-Date ▼ <input type="text"/> 275.00	

B. Full Name (Last, First, Middle Initial) Ms. Julia A. Warren Mailing Address 78 Crest Drive City <u>South Orange</u> State <u>NJ</u> Zip Code <u>07079-1037</u> FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR633296 Amount of Each Receipt this Period <input type="text"/> 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 Director Aggregate Year-to-Date ▼ <input type="text"/> 328.88	

C. Full Name (Last, First, Middle Initial) Mr. Billy Joe Watson Mailing Address 3435 Indian Lake Trail City <u>Pelham</u> State <u>AL</u> Zip Code <u>35124-2718</u> FEC ID number of contributing federal political committee. C		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR1037296 Amount of Each Receipt this Period <input type="text"/> 50.00 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 ▼ <input type="text"/> 250.00	

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 122 / 138
	<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. Ronnie D. Weller		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address Hc#2 Box 146E		Transaction ID: PR21213296	
City Tionesta	State PA	Amount of Each Receipt this Period 41.67	
Zip Code 16353-9208			
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 ▼ 208.35	P/R Deduction (\$41.67 Monthly)	

Full Name (Last, First, Middle Initial) B. Mr. Richard J. Werner		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1380 King James Court		Transaction ID: PR2136296	
City Oak Park	State CA	Amount of Each Receipt this Period 80.00	
Zip Code 91377-4738			
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 ▼ 400.00	P/R Deduction (\$80.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Mr. Scott Wilcox		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 11609 Kings Circle		Transaction ID: PR1141296	
City Oklahoma City	State OK	Amount of Each Receipt this Period 55.00	
Zip Code 73132-2048			
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 ▼ 275.00	P/R Deduction (\$55.00 Monthly)	

SUBTOTAL of Receipts This Page (optional) ▶	176.67
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 123 / 138						
	(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

A. 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		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44912296 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
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 ▼ 220.00		

B. 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: PR1768296 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 ▼ 220.00		

C. 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: PR1416296 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		

SUBTOTAL of Receipts This Page (optional)	163.34
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 124 / 138
	<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. Lon G. Wilson Mailing Address 4240 Tahoe Drive City Anchorage State AK Zip Code 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: PR21908296 Amount of Each Receipt this Period 166.67
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 ▼ 750.01		P/R Deduction (\$166.67 Monthly)

B. 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: PR85327296 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 ▼ 250.00		P/R Deduction (\$50.00 Monthly)

C. Full Name (Last, First, Middle Initial) Mr. A. C. Tracy Wood, III Mailing Address PO Box 12425 City Dallas State TX Zip Code 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: PR1703296 Amount of Each Receipt this Period 83.33
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 ▼ 416.65		P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)	300.00
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 125 / 138
	<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. Ms. Gayle A. Yeomans		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2342296	
Mailing Address 777 W End Avenue		Amount of Each Receipt this Period 40.00	
City State Zip Code New York NY 10025-5551	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 Vice President	Aggregate Year-to-Date 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Bernard J. Zweig		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR602296	
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	Aggregate Year-to-Date 416.70	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Sue Zwiener		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR21324296	
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	Aggregate Year-to-Date 291.65	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	181.67
TOTAL This Period (last page this line number only) ▶	31130.74

**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 / 138
	<input 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 checked="" 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. Impact America		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 1331 H Street, NW 12th Floor		Transaction ID: 352333	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. North Dakota Democratic NPL - Federal Account		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 1902 East Divide		Transaction ID: 349892	
City State Zip Code Bismarck ND 58501	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address PO Box 395		Transaction ID: 352338	
City State Zip Code Bakersfield CA 93302	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00100537			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	15000.00

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 127 / 138

<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

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. Committee to Elect Gary Ackerman		Transaction ID: 348813 Date of Disbursement 05 / 05 / 2006
Mailing Address 3000 Marcus Ave. Suite 19		Amount of Each Disbursement this Period 3000.00
City Lake Success State NY Zip Code 11042	Contribution	
Purpose of Disbursement Contribution Candidate Name Gary L. Ackerman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 5		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Category/Type 011		

Full Name (Last, First, Middle Initial) B. Bluegrass Committee		Transaction ID: 348821 Date of Disbursement 05 / 15 / 2006
Mailing Address 400 North Captiol Street, NW #585		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	Contribution	
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) ▼
Purpose of Disbursement Contribution Category/Type 011		

Full Name (Last, First, Middle Initial) C. Friends Of Roy Blunt		Transaction ID: 348810 Date of Disbursement 05 / 05 / 2006
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 1000.00
City Springfield State MO Zip Code 65805	Contribution	
Purpose of Disbursement Contribution Candidate Name Roy Blunt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Contribution Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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 128 / 138

<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

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. Chocola For Congress Inc		Transaction ID: 348814 Date of Disbursement 05 / 05 / 2006
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00 Contribution
City South Bend State IN Zip Code 46660	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Christopher Chocola	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: IN District: 2	

Full Name (Last, First, Middle Initial) B. Congressional Black Caucus PAC		Transaction ID: 349894 Date of Disbursement 05 / 12 / 2006
Mailing Address 1701 Pennsylvania Avenue, NW Suite 960		Amount of Each Disbursement this Period 5000.00 Contribution
City Washington State DC Zip Code 20006	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Committee To Elect Artur Davis To Congress		Transaction ID: 348812 Date of Disbursement 05 / 05 / 2006
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 2000.00 Contribution
City Birmingham State AL Zip Code 35201	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Artur Davis	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: AL District: 7	

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)

<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

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. People For English		Transaction ID: 348820 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2500.00 Contribution
City Erie State PA Zip Code 16507	Purpose of Disbursement Contribution Contribution	
Candidate Name Phil English	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Mark Foley		Transaction ID: 348815 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 1000.00 Contribution
City Lake Worth State FL Zip Code 33461	Purpose of Disbursement Contribution Contribution	
Candidate Name Mark Foley	Category/Type 011	
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) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Vito Fossella		Transaction ID: 349907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1000.00 Contribution
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Contribution Contribution	
Candidate Name Vito J. Fossella	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 130 / 138

<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

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. Committee to Re-Elect Vito Fossella		Transaction ID: 349908 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301	Contribution	
Purpose of Disbursement Contribution Candidate Name Vito J. Fossella Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Sue Kelly For Congress		Transaction ID: 349910 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address PO Box 599		Amount of Each Disbursement this Period 1000.00
City Katonah State NY Zip Code 10536	Contribution	
Purpose of Disbursement Contribution Candidate Name Sue W. Kelly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Friends Of Mary Landrieu Inc		Transaction ID: 349895 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 607 14th Street Nw Suite 1434		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	Contribution	
Purpose of Disbursement Contribution Candidate Name Mary Landrieu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

**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 131 / 138

<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

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. Larson For Congress Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Contribution Candidate Name John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 349896 Date of Disbursement 05 / 12 / 2006 Amount of Each Disbursement this Period 4000.00 Contribution
--	--	---

B. Ron Lewis For Congress Full Name (Last, First, Middle Initial) Ron Lewis For Congress Mailing Address PO Box 307 City Elizabethtown State KY Zip Code 42702 Purpose of Disbursement Contribution Candidate Name Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 348809 Date of Disbursement 05 / 05 / 2006 Amount of Each Disbursement this Period 4000.00 Contribution
---	--	---

C. Menendez For Senate Full Name (Last, First, Middle Initial) Menendez For Senate Mailing Address P.O. Box 848 City Union City State NJ Zip Code 07087 Purpose of Disbursement Contribution Candidate Name Robert Menendez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 348817 Date of Disbursement 05 / 05 / 2006 Amount of Each Disbursement this Period 5000.00 Contribution
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
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 132 / 138

<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

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. Michaud For Congress		Transaction ID: 348811 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00 Contribution
City Lewiston State ME Zip Code 04240	011 Category/ Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NELPAC		Transaction ID: 349912 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 420 C Street, NE		Amount of Each Disbursement this Period 5000.00 Contribution
City Washington State DC Zip Code 20002	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. North Dakota Democratic NPL - Federal Account		Transaction ID: 349902 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 1902 East Divide		Amount of Each Disbursement this Period 5000.00 Contribution
City Bismarck State ND Zip Code 58501	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 133 / 138

<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

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. Republican Majority Fund		Transaction ID: 349897 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 201 North Union Street Suite #530		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22314	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. Royce Campaign Committee		Transaction ID: 349909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 1000.00
City Orange State CA Zip Code 92859	Contribution	
Purpose of Disbursement Contribution Candidate Name Edward R. Royce		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Friends Of Clay Shaw		Transaction ID: 348816 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 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.		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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) ▶	_____

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 134 / 138

<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

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. Christopher Shays For Congress		Transaction ID: 348818 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 2500.00 Contribution
City Norwalk State CT Zip Code 06851	011 Category/ Type	
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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Team Sununu		Transaction ID: 349911 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2000.00 Contribution
City Rye State NH Zip Code 03870	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH 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. Sweeney For Congress		Transaction ID: 349906 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address PO Box 1465		Amount of Each Disbursement this Period 2000.00 Contribution
City Clifton Park State NY Zip Code 12065	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John E. Sweeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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 135 / 138

<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

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. Friends Of John Tanner		Transaction ID: 348819 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1500.00
City Union City State TN Zip Code 38281	Contribution	
Purpose of Disbursement Contribution Candidate Name John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) B. Friends Of John Tanner		Transaction ID: 348822 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 5000.00
City Union City State TN Zip Code 38281	Contribution	
Purpose of Disbursement Contribution Candidate Name John S. Tanner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		011 Category/Type

Full Name (Last, First, Middle Initial) C. Volunteer PAC		Transaction ID: 348825 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 2033 Richard Jones Road		Amount of Each Disbursement this Period 5000.00
City Nashville State TN Zip Code 37215	Contribution	
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) ▼		011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
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 136 / 138

<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

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. Volunteer PAC

Mailing Address 2033 Richard Jones Road

City Nashville State TN Zip Code 37215

Purpose of Disbursement
Void - VOLPAC of 4/4/2006

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 353444

Date of Disbursement

05 / 08 / 2006

Amount of Each Disbursement this Period

-5000.00

Void - VOLPAC of 4/4/2006

SUBTOTAL of Disbursements This Page (optional)

-5000.00

TOTAL This Period (last page this line number only)

67000.00

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 137 / 138

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Akshay Madan

Mailing Address 210 Indian Trail Road

City State Zip Code
Oak Brook IL 60523-2795

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 349891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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 138 / 138

<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

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. AOLIC LIFE PAC

Mailing Address 100 South Third Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 349900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Republican Senate Campaign Committee

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 349898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

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