

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 489 OF 527              |
|   | <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. Mr. Daniel Kunhardt Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Madison Circle  
 City Greenfield State MA Zip Code 01301-2703  
 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 ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR9713406**  
 Amount of Each Receipt this Period 250.00  
 P/R Deduction (\$250.00 Monthly)

**B. Ms. Sherry Lin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1670 Vista Del Norte  
 City Chino Hills State CA Zip Code 91709-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Senior Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR9721713406**  
 Amount of Each Receipt this Period 28.86  
 P/R Deduction (\$9.62 Bi-Weekly)

**C. Ms. Louise M. Linck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 Beech Street  
 City Wantagh State NY Zip Code 11793-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Company Occupation Corporate Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2015  
**Transaction ID : PR9722613406**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 338.86 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |