

**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 66 OF 106
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Milo A. Abadilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 3308 Moncucco Court
 City San Jose State CA Zip Code 95148-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR695839883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

B. Ms. Bik Y. Tsang
 Full Name (Last, First, Middle Initial)
 Mailing Address 1974 Troy Avenue
 City Brooklyn State NY Zip Code 11234-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR7009883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

C. Mr. William F. Leisman III
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Orchard Avenue
 City Weston State MA Zip Code 02493-2219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Life Insurance Company Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : PR706809883
 Amount of Each Receipt this Period
 250.00
 P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	