

**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 Avenue

Room 1109

☐ Check if different
than previously
reported. (ACC)

New York

NY

10010

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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

07

01

2007

through

12

31

2007

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

Helen Stagias

Signature of Treasurer

Electronically Filed by Helen Stagias

Date

01

29

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)		

☒ 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New York Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

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	449200.66	754771.68
(i) Itemized (use Schedule A)		
(ii) Unitemized	116874.09	300390.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	566074.75	1055162.01
(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) ➡	566074.75	1055162.01
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16054.02	16115.00
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))	582128.77	1071277.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	582128.77	1071277.01

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.....	487550.00	972400.00
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	46.59	-1455.59
(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))	46.59	-1455.59
29. Other Disbursements.....	9070.00	22831.62
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))..	496666.59	993776.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	496666.59	993776.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	566074.75	1055162.01
34. Total Contribution Refunds (from Line 28(d))	46.59	-1455.59
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	566028.16	1056617.60
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 531

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.51

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2007

Transaction ID: 2858140

Amount of Each Receipt this Period

1727.57

Interest Received

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3481.03

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2007

Transaction ID: 3534508

Amount of Each Receipt this Period

1692.52

Interest Received

C.

Full Name (Last, First, Middle Initial)

Institutional Capital LLC

Mailing Address 225 West Wacker Drive
Suite 2400

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2007

Transaction ID: 3568078

Amount of Each Receipt this Period

5000.00

Deposited into wrong account,
refund issued.

SUBTOTAL of Receipts This Page (optional)

8420.09

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 531

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5317.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: 3789799

Amount of Each Receipt this Period

1836.28

Interest Received

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7238.53

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: 3889822

Amount of Each Receipt this Period

1921.22

Interest Received

C.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9197.61

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 3987394

Amount of Each Receipt this Period

1959.08

Interest Received

SUBTOTAL of Receipts This Page (optional)

5716.58

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 531

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 386 Park Avenue

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11114.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 4038167

Amount of Each Receipt this Period

1917.35

Interest Received

B.

Full Name (Last, First, Middle Initial)

Friends Of Kent Conrad

Mailing Address PO Box 812

City

Bismarck

State

ND

Zip Code

58502

FEC ID number of contributing
federal political committee.

C

C00202754

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: 4103729

Amount of Each Receipt this Period

4000.00

[MEMO ITEM]

Return of contribution misdeposited by recipient

SUBTOTAL of Receipts This Page (optional)

1917.35

TOTAL This Period (last page this line number only)

16054.02

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

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

FOR LINE NUMBER: PAGE 9 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark C. Biren

Mailing Address 16959 W 55th Drive

City

Golden

State

CO

Zip Code

80403-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 3108383

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. John Samuel Cote, Jr.

Mailing Address 29 Valley Drive

City

Billings

State

MT

Zip Code

59101-0242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 3472537

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Johnston

Mailing Address 648 Doral Lane

City

Melbourne

State

FL

Zip Code

32940-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 3510223

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Gwen H. Sieck

Mailing Address Curtis Creek Apt. 227
823 South 36th Street

City Quincy State IL Zip Code 62301-6001

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
0 9 / 1 0 / 2 0 0 7

Transaction ID: 3531850

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. David N. Gately

Mailing Address 4215 Scottsdale

City Wichita Falls State TX Zip Code 76302-2522

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
0 9 / 0 4 / 2 0 0 7

Transaction ID: 3531855

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. James Adkins, Jr.

Mailing Address 10505 Coving Cross Lane

City Vienna State VA Zip Code 22182-1874

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 / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3788869

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Garner

Mailing Address 3120 Milton Avenue

City

Dallas

State

TX

Zip Code

75205-1450

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 3788870

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mr. Steve Billey

Mailing Address 33 Moose Brook Road

City

Auburn

State

ME

Zip Code

04210-7960

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
1 0 / 1 1 / 2 0 0 7

Transaction ID: 3813624

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Jenny Kho

Mailing Address 77 Cumberland Drive

City

Yonkers

State

NY

Zip Code

10704-3525

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
1 0 / 1 6 / 2 0 0 7

Transaction ID: 3816293

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Wilmer S. Poynor, III, III

Mailing Address 419 Club Place

City

Birmingham

State

AL

Zip Code

35223-1167

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 / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 3816378

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David A. Hjorth

Mailing Address 174 E 22nd Street

City

Upland

State

CA

Zip Code

91784-1464

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 3887941

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Morris Howard

Mailing Address 216 Glendale Circle

City

Pulaski

State

TN

Zip Code

38478-5105

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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 7

Transaction ID: 3901338

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Victor R. Miranda

Mailing Address 5882 Northwest 25th Court

City

Boca Raton

State

FL

Zip Code

33496-2229

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 3928316

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Conrad L. Dionne

Mailing Address 11 Vernon Street

City

Hudson

State

NH

Zip Code

03051-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 3960972

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms. Vera Jo Springer

Mailing Address 4400 Cox Road

City

Glenallen

State

VA

Zip Code

23060-3354

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 3961601

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian Duffy

Mailing Address 2400 Feather Sound Drive
1317

City State Zip Code
Clearwater FL 33762-3096

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Transaction ID: 3988891

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Jesal N. Patel

Mailing Address 19423 Country Village Drive

City State Zip Code
Spring TX 77388-3082

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: 4001615

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Donoho

Mailing Address 2901 Caroline
PO Box 487

City State Zip Code
Mount Vernon IL 62864-0010

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: 4016140

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Deanna M. Mulligan

Mailing Address 126 Dingle Ridge Road

City

North Salem

State

NY

Zip Code

10560-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 4108582

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$76.93 This changes the YTD Total to \$461-
58

B.

Full Name (Last, First, Middle Initial)

Ms. Pat Nowak

Mailing Address 98 Logwood Street

City

South Burlington

State

VT

Zip Code

05403-6444

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 ▼

486.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1001819

Amount of Each Receipt this Period

246.68

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David A. Ponder

Mailing Address 2705 Falling Timber Trail

City

Edgewater

State

MD

Zip Code

21037-1220

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1003601819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

496.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rudy Pope

Mailing Address 4 Summerrules Road

City

Clarks Summit

State

PA

Zip Code

18411-1073

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 ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1003711819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Mel M. Adams

Mailing Address 11333 Warbonnet

City

El Paso

State

TX

Zip Code

79936-2312

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 ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10051819

Amount of Each Receipt this Period

186.00

P/R Deduction (\$31.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David Williamson

Mailing Address 1519 Academy Road

City

Walterboro

State

SC

Zip Code

29488-8370

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10081819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

811.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul Rogyom

Mailing Address 69244 Diamndhed Dr. E

City

Diamondhead

State

MS

Zip Code

39525-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1011101819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Archie L. Maybank

Mailing Address 235 W 139th Street

City

New York

State

NY

Zip Code

10030-2104

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10111819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. C. E. Nivens

Mailing Address 3320 Randolph Park Cr

City

Gastonia

State

NC

Zip Code

28056-6675

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10131819

Amount of Each Receipt this Period

83.34

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

413.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ali M. Said

Mailing Address 11773 Annapolis Drive

City

Rch Cucamonga

State

CA

Zip Code

91730-8238

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1014041819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Herlong, Sr., Sr.

Mailing Address 65 Bouknight Road

City

Johnston

State

SC

Zip Code

29832-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10141819

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Schwartz

Mailing Address 3044 Kennington Way

City

Kokomo

State

IN

Zip Code

46902-5079

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 ▼

2750.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1017501819

Amount of Each Receipt this Period

1749.99

P/R Deduction (\$416.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

2083.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark B. Scott

Mailing Address 1310 Sea Hawk Lane

City

Vero Beach

State

FL

Zip Code

32963-2570

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1017881819

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. C. E. Scrivner

Mailing Address 11925 Southeast 231st Street

City

Kent

State

WA

Zip Code

98031-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1018041819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jason L. Hooz

Mailing Address 4235 Bain Avenue

City

Santa Cruz

State

CA

Zip Code

95062-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR101819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

733.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Thompson, Jr., Jr.

Mailing Address PO Box 46

City

Liberty Hill

State

SC

Zip Code

29074-0046

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10201819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Don C. Sibold

Mailing Address Route 2 Box 217

City

Pickaway

State

WV

Zip Code

24976-9707

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1020831819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Faith Sigler

Mailing Address 38 Spring Forest Avenue

City

Binghamton

State

NY

Zip Code

13905-2360

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1021041819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

430.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher L. Simons

Mailing Address 713 Carper Drive

City

Artesia

State

NM

Zip Code

88210-2344

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 ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1021631819

Amount of Each Receipt this Period

208.36

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. John Skaltsas

Mailing Address 1155 W Madison Avenue
#406

City

Chicago

State

IL

Zip Code

60607-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1022481819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Art Smith

Mailing Address 3305 Monarch Drive

City

Huntsville

State

AL

Zip Code

35801-3442

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1022971819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

483.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Maria J. Sprenger

Mailing Address 2243 Illinois
PO Box 435

City State Zip Code
Sidney NE 69162-0435

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1025681819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jason C. Stearns

Mailing Address 30-45 33rd Street
1R

City State Zip Code
Astoria NY 11102-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Records Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1026461819

Amount of Each Receipt this Period

162.50

P/R Deduction (\$12.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Hoyt L. Holt, Jr.

Mailing Address 321 Davis Road

City State Zip Code
Richmond Hill GA 31324-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10271819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

417.54

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Gina M. Stoltz

Mailing Address 1305 Andorra Lane

City

Covington

State

LA

Zip Code

70433

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Zone Recruiting and Retention

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1027561819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. John D. Sullivan

Mailing Address 33 Romerly Road

City

Savannah

State

GA

Zip Code

31411-1451

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 ▼

266.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1028641819

Amount of Each Receipt this Period

141.66

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Terrill

Mailing Address PO Box 935
405 Riverview

City

Craig

State

CO

Zip Code

81626-0935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1031031819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

641.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Alana D. Thomson

Mailing Address 7 Frankel Road

City

Massapequa

State

NY

Zip Code

11758-7258

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 ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1032241819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Mitch Tillett

Mailing Address 4965 Montclair Court

City

Harrisburg

State

PA

Zip Code

17112-2186

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1032561819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Flournoy, Jr., Jr.

Mailing Address 2014 Carlyle Place
5300 Zebulon Road

City

Macon

State

GA

Zip Code

31210-2199

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10361819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1375.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brad L. Vanhaisma

Mailing Address 3091 Sebe Street

City

Hudonsville

State

MI

Zip Code

49426-7682

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1036441819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Billy J. Watson

Mailing Address 3435 Indian Lake Trail

City

Pelham

State

AL

Zip Code

35124-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10371819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah Wakefield

Mailing Address 11613 Northeast 97th Lane

City

Kirkland

State

WA

Zip Code

98033-5132

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1038721819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Carol Wiley

Mailing Address 69-11A 188th Street

City

Flushing

State

NY

Zip Code

11365-3752

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Underwriting

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1042991819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Billy R. Williams

Mailing Address 601 Montclair Way

City

Mobile

State

AL

Zip Code

36609-6539

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

305.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1043301819

Amount of Each Receipt this Period

185.01

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jonathan S. Williams

Mailing Address 118 Bower Lane

City

Forest Hill

State

MD

Zip Code

21050-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

294.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1043541819

Amount of Each Receipt this Period

169.68

P/R Deduction (\$32.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

854.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 531

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Geoffrey A. Wright

Mailing Address 7 Horvath Drive

City

Ithaca

State

NY

Zip Code

14850-9711

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 ▼

266.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1046161819

Amount of Each Receipt this Period

141.66

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Mary H. Anderson

Mailing Address 2505 Country Club Road

City

Winston-Salem

State

NC

Zip Code

27104-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10471819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Wesley R. Young

Mailing Address 2101 Dayflower Trace

City

Cedar Park

State

TX

Zip Code

78613-5701

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1047961819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

521.68

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry L. Spivey

Mailing Address 1307 Fairway Drive

City

Elberton

State

GA

Zip Code

30635-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10481819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Van Ewing

Mailing Address 1101 South State Street
Unit 1504

City

Chicago

State

IL

Zip Code

60605-3196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1049491819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Steve M. Landau

Mailing Address 45 Derby Avenue

City

Cedarhurst

State

NY

Zip Code

11516-1709

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 ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1049911819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

800.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Julie E. Herwig

Mailing Address 5236 Brawner Place

City

Alexandria

State

VA

Zip Code

22304-8644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

A.V.P. - Governmental Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1050121819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Warren Budd, Jr., Jr.

Mailing Address PO Box 1723

City

Newnan

State

GA

Zip Code

30264-1723

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10501819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$50.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Smoot, II, II

Mailing Address 102 Park Avenue
PO Box 21755

City

St. Simons Island

State

GA

Zip Code

31522-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10521819

Amount of Each Receipt this Period

2499.96

P/R Deduction (\$416.66 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

2885.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Charlton Rogers, Jr., Jr.

Mailing Address 1557 E Hencart Road

City

Glennville

State

GA

Zip Code

30427-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10541819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Victor Samoilovich

Mailing Address 328 Glenwood Avenue

City

Leonia

State

NJ

Zip Code

07605-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.39

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1058041819

Amount of Each Receipt this Period

153.53

P/R Deduction (\$11.81 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dean H. Grant

Mailing Address 3669 Sussex Drive

City

Milledgeville

State

GA

Zip Code

31061-9382

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10581819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1393.55

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin S. Odell

Mailing Address 114 Perkins Mill Lane
PO Box 889

City State Zip Code
Claxton GA 30417-0889

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 / D D / Y Y Y Y Y

Transaction ID: PR10641819

Amount of Each Receipt this Period

500.00

P/R Deduction (\$500.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Sigmund

Mailing Address 6697 Woodberry Road

City State Zip Code
Columbus GA 31904-2296

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10661819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kermit R. Griner

Mailing Address 305 Crestfield Drive

City State Zip Code
Columbus GA 31904-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10681819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

896.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ted Champaneria

Mailing Address 1612 Magnolia Drive

City

Murfreesboro

State

TN

Zip Code

37128-5907

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10701819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kent E. Moss

Mailing Address 11409 Paldao Road

City

Tampa

State

FL

Zip Code

33618-3923

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10781819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jay A. Ginn, III, III

Mailing Address 401 Prince Road

City

St. Augustine

State

FL

Zip Code

32086-4906

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 ▼

446.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10821819

Amount of Each Receipt this Period

278.68

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1034.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary T. Baumgarten

Mailing Address 230 W Reading Way

City

Winter Park

State

FL

Zip Code

32789-6052

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 ▼

593.79

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10841819

Amount of Each Receipt this Period

531.27

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Reggie Sedita

Mailing Address 5155 Isla Key Boulevard
#402

City

St. Petersburg

State

FL

Zip Code

33715-1689

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10861819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard W. Cheshire, Jr., Jr.

Mailing Address 6508 Southwest 100th Lane

City

Gainesville

State

FL

Zip Code

32608-6382

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10881819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

806.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Salwyn M. Parker

Mailing Address 5805 Diamond Point Circle

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10921819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Frank B. Dolph, III, III

Mailing Address 631 Intracoastal Drive

City

Fort Lauderdale

State

FL

Zip Code

33304-3618

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR10981819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Curt L. Eskew, Jr., Jr.

Mailing Address 1680 Keely Lane

City

Sarasota

State

FL

Zip Code

34232-3061

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11011819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1805.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Bailey

Mailing Address 309 Redwing Lane

City

St. Augustine

State

FL

Zip Code

32084-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11061819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Krach

Mailing Address 20670 Westminster Drive

City

Strongsville

State

OH

Zip Code

44149-6773

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11111819

Amount of Each Receipt this Period

169.00

P/R Deduction (\$13.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Janice M. Snyder

Mailing Address PO Box 8
122 W High Street Apt. B

City

Bryan

State

OH

Zip Code

43506-0008

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 ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11121819

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

419.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William F. Lyon

Mailing Address 3809 Arbor Lane

City

Cincinnati

State

OH

Zip Code

45255-5628

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11141819

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark I. Burton

Mailing Address 22781 Foxridge

City

Mission Viejo

State

CA

Zip Code

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11171819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David R. Colflesh

Mailing Address 905 Olive
PO Box 37

City

Tarkio

State

MO

Zip Code

64491-0037

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 ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11181819

Amount of Each Receipt this Period

249.96

P/R Deduction (\$41.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

1083.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy I. Miller

Mailing Address 285 Main Street

City

Dunstable

State

MA

Zip Code

01827-1911

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR111819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Alge

Mailing Address 144 Sycamore Drive

City

Norwalk

State

OH

Zip Code

44857-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11211819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Bork

Mailing Address 2426 Gibley Park

City

Toledo

State

OH

Zip Code

43617-2233

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11221819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

595.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Kim D. King

Mailing Address 8037 Lea Court

City

Holland

State

OH

Zip Code

43528-8042

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11281819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. J. P. Lyons

Mailing Address 54 Cranmore Road

City

Wellesley

State

MA

Zip Code

02181-1330

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 ▼

833.48

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1131819

Amount of Each Receipt this Period

333.38

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Larry E. Beebe

Mailing Address 3209 Stone Wall Road

City

Maumee

State

OH

Zip Code

43537-9593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11341819

Amount of Each Receipt this Period

383.36

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1196.74

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bill Hensel

Mailing Address PO Box 132

City

Strasburg

State

OH

Zip Code

44680-0132

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11391819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. William H. Werfelman, Jr.

Mailing Address 195 Gallows Hill Road

City

Redding

State

CT

Zip Code

06896-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1141819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff King

Mailing Address 8037 Lea Court

City

Holland

State

OH

Zip Code

43528-8042

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11431819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Rudolph

Mailing Address 200 Morgan Circle

City

Oxford

State

OH

Zip Code

45056-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11441819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. James R. Vavra

Mailing Address 461 Northwest Riven Rock Place

City

Lees Summit

State

MO

Zip Code

64081-2092

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11541819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Michael C. Quilter

Mailing Address PO Box 443

City

London

State

OH

Zip Code

43140-0443

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11551819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

700.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Tom Staebler

Mailing Address 7303 Red Bank Road

City

Westerville

State

OH

Zip Code

43082-8241

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11651819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael A. Yashnyk

Mailing Address 83 Crestwood Boulevard

City

Farmingdale

State

NY

Zip Code

11735-5802

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 ▼

788.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11671819

Amount of Each Receipt this Period

538.57

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

C.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Moyer

Mailing Address 3220 Briarcliff Drive

City

Findlay

State

OH

Zip Code

45840-4102

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11701819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1248.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara F. Hinebaugh

Mailing Address 3201 Westmont Place

City

the Villages

State

FL

Zip Code

32162-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11751819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dave Baker

Mailing Address 31686 Lake Road

City

Bay Village

State

OH

Zip Code

44140-1027

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11761819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey S. Polunas

Mailing Address 43472 Calle Nacido

City

Temecula

State

CA

Zip Code

92592-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11791819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

925.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven D. Meier

Mailing Address 4575 Lanercost Way

City

Columbus

State

OH

Zip Code

43220-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11801819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew N. Reiss

Mailing Address 1288 Bridle Estates Drive

City

Yardley

State

PA

Zip Code

19067-3961

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 ▼

419.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1181819

Amount of Each Receipt this Period

209.95

P/R Deduction (\$16.15 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph B. Sculler

Mailing Address 17117 Stare Street

City

Northridge

State

CA

Zip Code

91325-1648

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11851819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

665.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Fred Eisner

Mailing Address 432 E Glengary Circle

City

Highland Heights

State

OH

Zip Code

44143-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11881819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Janet B. Spector

Mailing Address 802 Lakeglen Drive

City

Suwanee

State

GA

Zip Code

30024-3464

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11891819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Paul

Mailing Address 12775 Allisonville Road

City

Fishers

State

IN

Zip Code

46038

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11901819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

586.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Peter W. Scheid

Mailing Address 3175 Scarborough Road

City

Cleveland Heights

State

OH

Zip Code

44118-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1058.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11911819

Amount of Each Receipt this Period

558.66

P/R Deduction (\$98.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Delores McGhee

Mailing Address 358 Hackensack Street
Apt. B

City

Wood-Ridge

State

NJ

Zip Code

07075-1332

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11961819

Amount of Each Receipt this Period

260.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Rene J. Johnson

Mailing Address 2632 Harding Road

City

Lafayette

State

IN

Zip Code

47903-9431

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR11991819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

968.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Vahala

Mailing Address 500 Cedar Elm Court

City

Irving

State

TX

Zip Code

75063-8467

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12061819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John A. Nestel

Mailing Address 1003 Weatherstone Drive

City

Paoli

State

PA

Zip Code

19301-1938

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12081819

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Z. J. Sethna

Mailing Address 5607 Peninsula Park

City

Houston

State

TX

Zip Code

77041-6658

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 ▼

218.79

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12121819

Amount of Each Receipt this Period

156.27

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1489.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James Kageleiry

Mailing Address 8 Hayes Lane

City

Dover

State

NH

Zip Code

03820-4213

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 ▼

533.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR121819

Amount of Each Receipt this Period

283.34

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kishan Patel

Mailing Address 2761 Manu Court

City

Glenview

State

IL

Zip Code

60026-1077

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 ▼

2300.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12191819

Amount of Each Receipt this Period

1200.00

P/R Deduction (\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Edwin R. Bochtler

Mailing Address 11077 Saffold Way

City

Reston

State

VA

Zip Code

20190-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12211819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1733.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David E. Levee

Mailing Address 982 Vernon Avenue

City

Glencoe

State

IL

Zip Code

60022-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1135.00

Date of Receipt

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

Transaction ID: PR12291819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Julius G. Alberico

Mailing Address 302 Silver Creek Lane

City

Norwalk

State

CT

Zip Code

06850-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

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

Transaction ID: PR12431819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Curtis T. Schultz

Mailing Address 2204 Cherokee

City

Valparaiso

State

IN

Zip Code

46383-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: PR12521819

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

3100.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Lee, Sr., Sr.

Mailing Address 16640 Kehrs Grove

City

Chesterfield

State

MO

Zip Code

63005-4539

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 ▼

350.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12541819

Amount of Each Receipt this Period

200.01

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Harlow C. Johnson

Mailing Address 1070 Lakeview Way

City

Emerald Hills

State

CA

Zip Code

94062-3446

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12551819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Raman K. Patel

Mailing Address 3281 Pleasant Run

City

Northbrook

State

IL

Zip Code

60062-7411

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12591819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

980.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anupam R. Patel

Mailing Address 1905 E Seminole Lane

City

Mount Prospect

State

IL

Zip Code

60056-1623

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12621819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Greg True

Mailing Address 719 Council Hill

City

East Dundee

State

IL

Zip Code

60118-1008

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12631819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Larry D. Massey

Mailing Address 3761 Mountain Way Cove

City

Snellville

State

GA

Zip Code

30039-8413

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12661819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

491.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Tom Gavin

Mailing Address 449 Vista Court

City

Benicia

State

CA

Zip Code

94510-2715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12681819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey R. Donoho

Mailing Address 2901 Caroline
PO Box 487

City

Mount Vernon

State

IL

Zip Code

62864-0010

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12691819

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory C. Lavalley

Mailing Address 1377 Shadow Creek Drive

City

Fairview

State

TX

Zip Code

75069-1255

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12771819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1050.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Amrit Mittal

Mailing Address 215 Rugeley Rdd

City

Western Springs

State

IL

Zip Code

60558-1954

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12791819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Avinash Desai

Mailing Address 340 Bloomfield Circle

City

Bloomington

State

IL

Zip Code

60108-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12821819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Breton W. Williams

Mailing Address 2600 Stockwell Lane W

City

Clinton

State

IA

Zip Code

52732-9604

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR12851819

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1483.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Martin B. Johnston

Mailing Address 55 Copper Creek Circle

City

Newtown

State

CT

Zip Code

06470-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1301819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Heussner

Mailing Address 1913 Saint John's Avenue

City

Allen

State

TX

Zip Code

75002-2653

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 ▼

1336.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13071819

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Deanna S. Leicht

Mailing Address 13000 Bunkerhill Road

City

Pleasant Lake

State

MI

Zip Code

49227-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13091819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Frederick J. Sievert

Mailing Address 260 S Lake Drive

City

Stamford

State

CT

Zip Code

06903-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1077.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13121819

Amount of Each Receipt this Period

76.93

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

B.

Full Name (Last, First, Middle Initial)

Mr. David Duchene

Mailing Address 25 Kingsview Lane N

City

Plymouth

State

MN

Zip Code

55447-4319

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13151819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy L. Sims

Mailing Address 3404 Corvair Drive

City

High Point

State

NC

Zip Code

27265-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13201819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

726.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Green

Mailing Address 1108 Southridge Road

City

Lansing

State

MI

Zip Code

48917-9511

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 ▼

366.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13211819

Amount of Each Receipt this Period

216.68

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. LeFrancois

Mailing Address 4336 Verplanck Place Northwest

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

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1321819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert V. Schechter

Mailing Address 1448 Lakewood Drive

City

Bloomfld Hills

State

MI

Zip Code

48302-2751

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13231819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

841.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. G. J. Pasman, Jr., Jr.

Mailing Address 7397 Heather Ridge Southeast

City

Caledonia

State

MI

Zip Code

49316-9010

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13301819

Amount of Each Receipt this Period

450.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Slattery

Mailing Address 4052 Walton Ridge Court

City

Mason

State

OH

Zip Code

45040-5916

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13311819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Brian T. Nowak

Mailing Address 6111 E Cobblestones Lane

City

Sylvania

State

OH

Zip Code

43560-9452

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13341819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1775.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Varda N. Fink

Mailing Address 13325 Old Forge Road

City

Silver Spring

State

MD

Zip Code

20904-6328

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 ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13351819

Amount of Each Receipt this Period

340.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Jungen

Mailing Address N81 W23285 Five Iron Way

City

Sussex

State

WI

Zip Code

53089-1558

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13461819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Doke

Mailing Address 420 E Trails End Avenue

City

Bruce

State

WI

Zip Code

54819-9793

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13471819

Amount of Each Receipt this Period

200.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

790.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Wendlandt

Mailing Address 45 Gramercy Park North
Apt. 2B

City State Zip Code
New York NY 10010-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior E.V.P. & Chief Investment Offic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13491819

Amount of Each Receipt this Period

223.60

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

B.

Full Name (Last, First, Middle Initial)

Mr. Gerry Stadler

Mailing Address E10011 Fawn Lane

City State Zip Code
Reedsburg WI 53959-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13511819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Genera

Mailing Address 66 River Street

City State Zip Code
Guilford CT 06437-2619

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1351819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

679.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Covelli

Mailing Address 9134 Settlers Road

City

Madison

State

WI

Zip Code

53717-2751

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 ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13521819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ken Olson

Mailing Address N6591 Potter Road
PO Box 100

City

Black River Falls

State

WI

Zip Code

54615-0100

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 ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13561819

Amount of Each Receipt this Period

1050.00

P/R Deduction (\$175.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John R. Jagger

Mailing Address 1085 Lullwater Road

City

Atlanta

State

GA

Zip Code

30307-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13601819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John F. O'Brien

Mailing Address 131 Trumbull Lane

City

South Windsor

State

CT

Zip Code

06074-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Regional Manager - Annuity Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1361819

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. George N. Ridings

Mailing Address 887 West Main Street
PO Box 1750

City

Richmond

State

KY

Zip Code

40476-1750

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13621819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. R. K. Bowman

Mailing Address 8706 Glenfield Way

City

Louisville

State

KY

Zip Code

40241-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13651819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1300.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George Nichols, III

Mailing Address 10010 Gary Road

City

Potomac

State

MD

Zip Code

20854-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13721819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Anthony Tewes

Mailing Address 3523 Reeves Drive

City

Fort Wright

State

KY

Zip Code

41017-9436

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13741819

Amount of Each Receipt this Period

100.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Quaife

Mailing Address 7223 Old Clore Lane

City

Prospect

State

KY

Zip Code

40059-8580

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 ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR13761819

Amount of Each Receipt this Period

102.00

P/R Deduction (\$17.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1202.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Norman M. Bryant

Mailing Address 14911 Forest Oaks Drive

City

Louisville

State

KY

Zip Code

40245-6509

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 ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14021819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Burt

Mailing Address 3018 Colonial Hill Road

City

Louisville

State

KY

Zip Code

40205-2706

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14031819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Kimbrough

Mailing Address 5096 Cypress Lake Drive

City

Lake Park

State

GA

Zip Code

31636-3140

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14091819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

846.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jon Sellers

Mailing Address 109 O' Neal Court

City

Andalusia

State

AL

Zip Code

36420-3803

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14111819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Steven R. Kaneshi

Mailing Address 9692 Sterling Point Court

City

Loomis

State

CA

Zip Code

95650-7120

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14121819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Horace Powell

Mailing Address 943 E Main Street

City

Prattville

State

AL

Zip Code

36067-5654

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14131819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1312.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James E. Mason

Mailing Address 3241 Circle Drive

City

Hopkinsville

State

KY

Zip Code

42240-4807

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14141819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Lloyd R. Wilson

Mailing Address 3148 Pine Ridge Road

City

Birmingham

State

AL

Zip Code

35213-3906

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 ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14161819

Amount of Each Receipt this Period

1500.00

P/R Deduction (\$416.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ross-Morris Sims

Mailing Address 91 Valley View Road

City

Cortlandt Manor

State

NY

Zip Code

10567-1235

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14211819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1981.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. R. Frank Avrett

Mailing Address 4343 N Scottsdale Road
Suite 220

City State Zip Code
Scottsdale AZ 85251-3344

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 ▼

1810.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14231819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Tim Ellen

Mailing Address 113 Highland Point Drive

City State Zip Code
La Grange GA 30240-3791

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 ▼

669.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14281819

Amount of Each Receipt this Period

417.36

P/R Deduction (\$83.34 Monthly)

C.

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14371819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1917.49

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Pat Ingram

Mailing Address PO Box 900

City

Cleveland

State

MS

Zip Code

38732-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: PR14491819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Allen

Mailing Address 5804 Randolph Road

City

North Little Rock

State

AR

Zip Code

72116-6329

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: PR14501819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Belva M. Cook

Mailing Address PO Box 7702

City

Little Rock

State

AR

Zip Code

72217-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

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

Transaction ID: PR14511819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

515.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Coats

Mailing Address 165 Pebble Beach Drive

City

Little Rock

State

AR

Zip Code

72212-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14561819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Timothy A. Martin

Mailing Address 106 Lake Shore Drive

City

Russellville

State

AR

Zip Code

72802-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14611819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Ellwanger, Jr.

Mailing Address 430 Dunham Road

City

Fairfield

State

CT

Zip Code

06824-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Cvp - Market Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1461819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

1445.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas L. McConathy

Mailing Address 11813 Towering Oaks Drive

City

Baton Rouge

State

LA

Zip Code

70810-3162

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 ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14691819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Faulk

Mailing Address 12463 Coursey Boulevard

City

Baton Rouge

State

LA

Zip Code

70816-4550

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14701819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen T. Davenport

Mailing Address 1337 Huron Avenue

City

Metairie

State

LA

Zip Code

70005-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14761819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

906.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James H. Arnold

Mailing Address 419 Green Hill Lane

City

Berwyn

State

PA

Zip Code

19312-1919

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1481819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Walter Martin

Mailing Address 1833 Lake Superior Drive

City

Harvey

State

LA

Zip Code

70058-5140

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14841819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Michele Guerin

Mailing Address 539 Little Farms Avenue

City

River Ridge

State

LA

Zip Code

70123-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14891819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

388.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Charles Van Zile

Mailing Address 125 Westland Place

City

West Monroe

State

LA

Zip Code

71291-5431

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14921819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John Wemple

Mailing Address 7774 Copperfield Court

City

Baton Rouge

State

LA

Zip Code

70808-6770

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 ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14931819

Amount of Each Receipt this Period

252.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Tim C. Fitzgerald

Mailing Address 12086 Ellerbe Road

City

Shreveport

State

LA

Zip Code

71115-9568

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR14941819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

902.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dom V. Cianciotti

Mailing Address 3 Malcoms Landing

City

Northport

State

NY

Zip Code

11768-1559

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 ▼

1006.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1501819

Amount of Each Receipt this Period

503.04

P/R Deduction (\$83.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael McCann

Mailing Address 17510 Galmiche Court

City

Chesterfield

State

MO

Zip Code

63005-4343

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15021819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dan Madden

Mailing Address 3990 College Street

City

Arcadia

State

LA

Zip Code

71001-3641

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15041819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

854.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Maurice Springer

Mailing Address 25 Hickory Place
E28

City State Zip Code
Chatham NJ 07928-1487

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Management Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15051819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Stagg

Mailing Address 8816 S Lakewood Court

City State Zip Code
Tulsa OK 74137-3124

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15071819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Bryan S. Norris

Mailing Address 639 Loyola Avenue
Suite 1900

City State Zip Code
New Orleans LA 70113-3188

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 ▼

1596.35

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15101819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2130.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Beaver Smith

Mailing Address 3922 Patterson Road

City

New Orleans

State

LA

Zip Code

70114-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15151819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Sidney A. Triche

Mailing Address Post Office Box 159

City

Larose

State

LA

Zip Code

70373-0159

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15161819

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Larry S. Richardson

Mailing Address 8044 Highway 941

City

Gonzales

State

LA

Zip Code

70737-8301

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15211819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

856.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mac Mc Conathy

Mailing Address 67 McConathy Drive

City

Rayville

State

LA

Zip Code

71269-6460

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: PR15271819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Daryl R. Ellis

Mailing Address 521 Louray Court

City

Baton Rouge

State

LA

Zip Code

70809-6777

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR15281819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Bonin

Mailing Address 633 Gertrude Drive

City

St. Martinville

State

LA

Zip Code

70582-4935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: PR15301819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

706.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Deborah Copeland

Mailing Address 6327 Zadlock Wds Drive

City

Austin

State

TX

Zip Code

78749-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1531819

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Prudhomme

Mailing Address 502 Princeton Woods Loop

City

Lafayette

State

LA

Zip Code

70508-6672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15381819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Samuel L. Hebert

Mailing Address 3307 Henderson Bayou Road

City

Lake Charles

State

LA

Zip Code

70605-2248

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15401819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1552.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Kihneman Jr Clu Chfc Msfs

Mailing Address 11175 Heritage Oaks

City

Shreveport

State

LA

Zip Code

71106-8383

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 ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15441819

Amount of Each Receipt this Period

108.00

P/R Deduction (\$18.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Ellis, Jr., Jr.

Mailing Address 2296 Eliza Beaumont Lane

City

Baton Rouge

State

LA

Zip Code

70808-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15461819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael T. Delahaye

Mailing Address 6415 Sevenoaks

City

Baton Rouge

State

LA

Zip Code

70806-7335

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15471819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

858.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur C. Wood, Jr., Jr.

Mailing Address 7418 Baxtershire Street

City

Dallas

State

TX

Zip Code

75230-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR15511819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. William P. Chiu

Mailing Address 10 Harmony Lane
PO Box 154

City

East Setauket

State

NY

Zip Code

11733-0154

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: PR1551819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Eric B. Campbell

Mailing Address 240 E 47th Street
Apt. 22C

City

New York

State

NY

Zip Code

10017-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
E.V.P. - Chief Distribution Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

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

Transaction ID: PR15631819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1296.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Rose Denmark

Mailing Address 81 Knapp Road

City

State

Zip Code

Port Allegany

PA

16743-6033

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15671819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Noland

Mailing Address 5933 S Knoxville

City

State

Zip Code

Tulsa

OK

74135-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15691819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gustavo Cuellar

Mailing Address 99 North Post Oak Lane
Apt. 6302

City

State

Zip Code

Houston

TX

77024-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15771819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1281.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Fred Bangasser

Mailing Address 2108 Key W Cove

City

Austin

State

TX

Zip Code

78746-7256

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15791819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Larry Bernard

Mailing Address 10930 Beinhorn

City

Houston

State

TX

Zip Code

77024-4518

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 ▼

488.31

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15801819

Amount of Each Receipt this Period

288.33

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Nowak

Mailing Address 98 Logwood Street

City

South Burlington

State

VT

Zip Code

05403-6444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1581819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1528.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Raymond Vitek, Jr., Jr.

Mailing Address 818 San Marino

City

Sugar Land

State

TX

Zip Code

77478-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15821819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rajendra C. Vankawala

Mailing Address 4016 Double Oak Drive

City

Bedford

State

TX

Zip Code

76021-6177

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 ▼

203.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15851819

Amount of Each Receipt this Period

113.36

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Ray

Mailing Address 6230 Stefani Drive

City

Dallas

State

TX

Zip Code

75225-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior V.P. - West Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15881819

Amount of Each Receipt this Period

953.91

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

SUBTOTAL of Receipts This Page (optional)

1367.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Erben

Mailing Address 302 Jack Nicklaus

City

Austin

State

TX

Zip Code

78738-1714

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15911819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Leon A. Mahfouz

Mailing Address 15 Whisper Wind Place

City

the Woodlands

State

TX

Zip Code

77382-1038

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15931819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael G. Morgan

Mailing Address 2791 Nightwind Court

City

Frisco

State

TX

Zip Code

75034-4669

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Finance & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.52

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15971819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1445.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mike Jones

Mailing Address 11232 Northview Drive

City

Fort Worth

State

TX

Zip Code

76008-5219

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR15991819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gib Surles

Mailing Address 11306 Ella Lee Lane

City

Houston

State

TX

Zip Code

77077-6808

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16011819

Amount of Each Receipt this Period

225.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Frank J. Ollari

Mailing Address 4430 Douglaston Parkway
Apt. 6F

City

Douglaston

State

NY

Zip Code

11363-1829

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1601819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

631.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Tom Ball, III, III

Mailing Address 2200 Westlake Drive

City

Austin

State

TX

Zip Code

78746-2933

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16081819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Vick

Mailing Address 1645 Harper Road

City

Kerrville

State

TX

Zip Code

78028-2994

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16091819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lawson J. Schuford, Jr., Jr.

Mailing Address 201 Plano Street

City

Shreveport

State

LA

Zip Code

71103-2056

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 ▼

500.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16101819

Amount of Each Receipt this Period

250.20

P/R Deduction (\$41.70 Monthly)

SUBTOTAL of Receipts This Page (optional)

886.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Ayers

Mailing Address 4655 Wisteria

City

Dallas

State

TX

Zip Code

75116-8027

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16111819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dean Bogle

Mailing Address 8400 Northwest 101st Street

City

Oklahoma City

State

OK

Zip Code

73162-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16141819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stewart H. Walker

Mailing Address 6A Evergreen Lane

City

Chappaqua

State

NY

Zip Code

10514-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR161819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

462.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Knox

Mailing Address 1904 Morning Star

City

Edmond

State

OK

Zip Code

73034-6541

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: PR16201819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Eddie N. Chao

Mailing Address 152 Citrus Ranch Road

City

San Dimas

State

CA

Zip Code

91773-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: PR16251819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John Breedlove

Mailing Address 1227 Fisher

City

Tyler

State

TX

Zip Code

75701-6929

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: PR16291819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

886.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert McKinley

Mailing Address 1277 Treat Boulevard Suite 600

City

Walnut Creek

State

CA

Zip Code

94597-7929

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16301819

Amount of Each Receipt this Period

650.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Lalit Jallan

Mailing Address 2114 Castleheath Court

City

Katy

State

TX

Zip Code

77450-6072

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16311819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Martin A. Leinneweber

Mailing Address 3317 Water Oak Court

City

Farmers Bnch

State

TX

Zip Code

75234-2333

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: PR16321819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1025.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Louise Hobbs

Mailing Address 1444 Oak Grove Road

City

Fort Worth

State

TX

Zip Code

76134-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16331819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. A. Saenz

Mailing Address 2002 S Westgate Drive

City

Weslaco

State

TX

Zip Code

78596-9310

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16401819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Trenton D. Lewis

Mailing Address 2810 Tupelo Court

City

Longwood

State

FL

Zip Code

32779-3007

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 ▼

1495.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16421819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1650.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Yuka Nakahara-Goven

Mailing Address 1209 Magnolia Drive

City

Carrollton

State

TX

Zip Code

75007-4852

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16481819

Amount of Each Receipt this Period

190.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Sonny Espinoza, III, III

Mailing Address 608 Golondrina

City

Roswell

State

NM

Zip Code

88201-1323

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 ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16501819

Amount of Each Receipt this Period

178.00

P/R Deduction (\$32.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Maximo C. Muniz, Jr.

Mailing Address 171 Hillside Avenue

City

Milford

State

CT

Zip Code

06460-7811

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16541819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

498.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Still

Mailing Address 3717 Raguet Street

City

Nacogdoches

State

TX

Zip Code

75965-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16581819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Karen Watson

Mailing Address 3301 Riverway Court

City

Fort Worth

State

TX

Zip Code

76116-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16591819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$150.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth S. Gonzales

Mailing Address 10309 Yellowstone Drive

City

Austin

State

TX

Zip Code

78747-3947

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 ▼

583.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16671819

Amount of Each Receipt this Period

283.34

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1133.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Burson

Mailing Address 22 Canterbury Lane

City

Sandy Hook

State

CT

Zip Code

06482-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16681819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Garman

Mailing Address 5012 Avenue Avignon

City

Lutz

State

FL

Zip Code

33558-2825

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 ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16731819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. David M. Humbert

Mailing Address 6802 Canon Wren Drive

City

Austin

State

TX

Zip Code

78746-3803

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16741819

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

1845.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stuart Isgur

Mailing Address 2025 Huntington Lane

City

Fort Worth

State

TX

Zip Code

76110-1743

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16781819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rick Still

Mailing Address 3803 Buckingham

City

Nacogdoches

State

TX

Zip Code

75965-5874

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 ▼

374.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16791819

Amount of Each Receipt this Period

218.68

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Marcel R. Frey

Mailing Address 1703 S Medio River Circle

City

Sugar Land

State

TX

Zip Code

77479-5315

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16821819

Amount of Each Receipt this Period

416.70

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1135.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rodger K. Johnson

Mailing Address 910 N Houston

City

Bullard

State

TX

Zip Code

75767-5128

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 ▼

786.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16881819

Amount of Each Receipt this Period

696.68

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Greg Wright

Mailing Address 10510 FM 307

City

Midland

State

TX

Zip Code

79706-5318

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16891819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Robinson, Jr., Jr.

Mailing Address 12131 Broken Bough

City

Houston

State

TX

Zip Code

77024-4253

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR16901819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

1321.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Arish K. Sahani

Mailing Address 54-15 108th Street

City

Corona

State

NY

Zip Code

11368-3913

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 ▼

250.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1691819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$20.83 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard H. Eppink, Jr.

Mailing Address 5079 Jasmine Way

City

Palm Harbor

State

FL

Zip Code

34685-5604

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 ▼

369.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1701819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

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

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17021819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1320.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. A. C. Tracy Wood, III, III

Mailing Address PO Box 12425

City

Dallas

State

TX

Zip Code

75225-0425

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17031819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Marcus J. Ham

Mailing Address 8713 Maple Hollow Court

City

Granite Bay

State

CA

Zip Code

95746-6158

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17081819

Amount of Each Receipt this Period

520.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Doss

Mailing Address 23717 Rockrose Drive

City

Golden

State

CO

Zip Code

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17091819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2520.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bulent Algokce

Mailing Address 19 Heathwood Avenue

City

Jackson

State

NJ

Zip Code

08527-4226

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1711819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Barrett, Jr., Jr.

Mailing Address 6917 Clarks Road

City

Anchorage

State

AK

Zip Code

99516

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17131819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Cates

Mailing Address 18273 Chappius Trail

City

Faribault

State

MN

Zip Code

55021-7478

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17141819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas D. Hegna

Mailing Address 16931 E Jacklin Drive

City

Fountain Hills

State

AZ

Zip Code

85268-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17161819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Paul J. Kageleiry

Mailing Address 35 Isaac Lucas Circle

City

Dover

State

NH

Zip Code

03820-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR171819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald Karkela

Mailing Address 820 Recluse Court

City

Casper

State

WY

Zip Code

82609-3380

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1636.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17201819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2140.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Vaccaro

Mailing Address 270 W 11th Street
Apt. 2B

City State Zip Code
New York NY 10014-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1721819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Mangala K. Pai-Panandiker

Mailing Address 19425 Vineridge Road

City State Zip Code
Excelsior MN 55331-9173

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: PR17221819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Johnson

Mailing Address 1635 Cliff Avenue

City State Zip Code
Duluth MN 55811-2101

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17261819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1375.10

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Terry K. Lewis

Mailing Address 5612 Dale Avenue

City

Edina

State

MN

Zip Code

55436-2469

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17341819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Don R. Schaefer

Mailing Address 16621 X Street

City

Omaha

State

NE

Zip Code

68135-2373

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17361819

Amount of Each Receipt this Period

170.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lanny N. Kuehl

Mailing Address Box 166

City

Garnavillo

State

IA

Zip Code

52049-0166

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17371819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1310.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Martha Olmstead

Mailing Address 56 Divisadero

City

San Francisco

State

CA

Zip Code

94117-3211

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17391819

Amount of Each Receipt this Period

200.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jules Epstein

Mailing Address 2404 Northwest 63rd Street

City

Boca Raton

State

FL

Zip Code

33496-3626

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1741819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Craig Roslien

Mailing Address 4210 Queens Way

City

Minnetonka

State

MN

Zip Code

55345-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17421819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Marlyn L. McClain

Mailing Address 208 Parkwild Drive

City

State

Zip Code

Council Blfs

IA

51503-1759

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 ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17541819

Amount of Each Receipt this Period

500.01

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Bell

Mailing Address 10576 Sunset Terrace

City

State

Zip Code

Clive

IA

50325-6554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17571819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory D. Jensen

Mailing Address 16850 Berkshire Court

City

State

Zip Code

Sw Ranches

FL

33331-1332

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17601819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1980.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Henry W. Siegel

Mailing Address 275 W 96th Street
Apt. 15A

City State Zip Code
New York NY 10025-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1761819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Linda L. Silver

Mailing Address 4415 State Street
Apt. 2

City State Zip Code
Bettendorf IA 52722-6328

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17671819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brad L. Willson

Mailing Address 4905 Elm Street

City State Zip Code
Bellaire TX 77401-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17681819

Amount of Each Receipt this Period

260.00

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

SUBTOTAL of Receipts This Page (optional)

565.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Howard Blank

Mailing Address 68 E 86th Street

City

New York

State

NY

Zip Code

10028-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1771819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Clinton R. Vance

Mailing Address 429 Sweetwater Drive
PO Box 2146

City

Four Seasons

State

MO

Zip Code

65049-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17811819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Glen Jones

Mailing Address 4312 Shiloh Trace

City

Valdosta

State

GA

Zip Code

31602-2393

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17871819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Troy G. Braswell

Mailing Address 16843 Hghld Ridge Drive

City

Belton

State

MO

Zip Code

64012

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17901819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Galen D. Dody

Mailing Address 501 David Drive

City

Clinton

State

MO

Zip Code

64735-1948

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR17931819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David A. Lyons

Mailing Address 405 Barrett Road

City

Lawrence

State

NY

Zip Code

11559-2702

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18041819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

2500.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Neameyer

Mailing Address 612 Wulff Street
PO Box 707

City State Zip Code
Lisbon ND 58054-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18121819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. James J. Cronin

Mailing Address 2604 W Nicole Drive

City State Zip Code
Sioux Falls SD 57105-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18181819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Parkin Lee

Mailing Address 716 Westminster Road

City State Zip Code
Brooklyn NY 11230-2402

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1821819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

520.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joel P. Blanchard

Mailing Address 5608 S Deer Park Drive

City

Sioux Falls

State

SD

Zip Code

57108-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1704.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18221819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Greg Blanchard Clu Chfc

Mailing Address 4720 W 127th Place

City

Broomfield

State

CO

Zip Code

80020-5737

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18231819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Vern O. Bills

Mailing Address 826 National

City

Belle Fourche

State

SD

Zip Code

57717-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18251819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

2300.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Jorgenson

Mailing Address 25769 Highway 37

City

Mitchell

State

SD

Zip Code

57301-5812

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18261819

Amount of Each Receipt this Period

160.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rich Garry

Mailing Address 805 Batcheller Lane

City

Sioux Falls

State

SD

Zip Code

57105-6715

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18291819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Steve Garry

Mailing Address 2600 East Orchard Trail

City

Sioux Falls

State

SD

Zip Code

57103

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18301819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2160.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Julie C. Lee

Mailing Address 22711 Brandywine Drive

City

Calabasas

State

CA

Zip Code

91302-5736

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18351819

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00
Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Roger H. Morris

Mailing Address 2101 N Westwood Avenue

City

Santa Ana

State

CA

Zip Code

92706-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18391819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Edward P. Linder

Mailing Address 17 Victory Court

City

Old Bridge

State

NJ

Zip Code

08857-1941

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1841819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

2125.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Edwin T. Underwood

Mailing Address 1921 Orchard Drive

City

Denver

State

CO

Zip Code

80221-7730

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 ▼

220.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18451819

Amount of Each Receipt this Period

110.16

P/R Deduction (\$18.36 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mike Norman

Mailing Address 5977 Blue Hills Court

City

Reno

State

NV

Zip Code

89502-8708

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 ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18461819

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gary C. Schade

Mailing Address 9141 Granite Place

City

Anchorage

State

AK

Zip Code

99503-3946

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18521819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

710.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Shane M. Swanson

Mailing Address 316 E Ranney Avenue

City

Vernon Hills

State

IL

Zip Code

60061-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18551819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Meyer

Mailing Address 996 Stafford Avenue

City

Staten Island

State

NY

Zip Code

10309-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1861819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Guy Richardson

Mailing Address 1151 Southwest Mission Avenue

City

Topeka

State

KS

Zip Code

66604-1856

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 ▼

683.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18661819

Amount of Each Receipt this Period

473.34

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2473.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Royse J. Huff

Mailing Address 506 Fairway Place

City

Fairfield

State

IA

Zip Code

52556-3630

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18671819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. O. L. Elrick, Jr., Jr.

Mailing Address 1440 N Gatewood
#51

City

Wichita

State

KS

Zip Code

67206-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18841819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin R. Johnson

Mailing Address 1232 W 62nd Street

City

Kansas City

State

MO

Zip Code

64113-1511

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18851819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1800.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. C. L. Meigs

Mailing Address 20040 Southeast Grandview Avenue

City

Pratt

State

KS

Zip Code

67124-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18871819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John J. McKenna, Jr., Jr.

Mailing Address 3924 Baxter Lane
PO Box 11532

City

Bozeman

State

MT

Zip Code

59719-1532

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18911819

Amount of Each Receipt this Period

900.00

P/R Deduction (\$150.00 Monthly)

C.

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1891819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2140.02

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Schwan

Mailing Address 1320 N Arch

City

Aberdeen

State

SD

Zip Code

57401-2147

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18971819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Alexander

Mailing Address 16252 Placerita Canyon Road

City

Santa Clarita

State

CA

Zip Code

91321-3302

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 ▼

443.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR18981819

Amount of Each Receipt this Period

377.34

P/R Deduction (\$166.67 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Raemaeker

Mailing Address Box 1049

City

Choteau

State

MT

Zip Code

59422-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19011819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1497.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Janice L. Orton

Mailing Address 9032 Maple Hill Drive

City

Boise

State

ID

Zip Code

83709-0523

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Operations

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19061819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

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

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19171819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Don R. Fengler

Mailing Address 10321 Newcomb

City

Whittier

State

CA

Zip Code

90603-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19221819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

874.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David R. Somerville, Jr., Jr.

Mailing Address 725 Rosarita

City

Fullerton

State

CA

Zip Code

92835-1842

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 ▼

479.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19261819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Murray Pruetz

Mailing Address 2626 W Walatowa

City

Phoenix

State

AZ

Zip Code

85041-9626

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 ▼

534.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19321819

Amount of Each Receipt this Period

378.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. James J. Killgore

Mailing Address 4123 Campus Green Lp

City

Lacey

State

WA

Zip Code

98516-6241

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19331819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

928.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott Maycock

Mailing Address 359 County Road 250

City

Durango

State

CO

Zip Code

81301-6976

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19341819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Hayes

Mailing Address 1468 Cathlamet Court Northwest

City

Salem

State

OR

Zip Code

97304-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Regional Manager - Life Product Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19421819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Tigert

Mailing Address 8620 Brentmoor Street

City

Wichita

State

KS

Zip Code

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19431819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1375.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Kap-Sun Enders

Mailing Address 10620 Washington Circle

City

Anchorage

State

AK

Zip Code

99515-2505

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 ▼

846.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19501819

Amount of Each Receipt this Period

346.66

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Steven T. Mindak

Mailing Address 9290 E Thompson Peak Parkway
Lot 412

City

Scottsdale

State

AZ

Zip Code

85255-4514

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19521819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carrie L. Hall

Mailing Address 5628 E Monterosa Street

City

Phoenix

State

AZ

Zip Code

85018-4646

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 ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19531819

Amount of Each Receipt this Period

1800.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

3146.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Phillip J. Hildebrand

Mailing Address 7103 Lupine Drive

City

Park City

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19591819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Roland Nebeker

Mailing Address 2513 E 10000 S

City

Sandy

State

UT

Zip Code

84092-4237

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 ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19631819

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen H. Holley

Mailing Address 320 N 630 E

City

American Fork

State

UT

Zip Code

84003-2006

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19651819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1240.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jan Christensen

Mailing Address 2356 E Bearhills Drive

City

Draper

State

UT

Zip Code

84020-9672

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19711819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna L. Del Mastro

Mailing Address 610 the Village
#306

City

Redondo Beach

State

CA

Zip Code

90277-2708

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 ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19751819

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John J. De Buono

Mailing Address 2128 Bluerock Circle

City

Concord

State

CA

Zip Code

94521-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Zone Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19761819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1197.96

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William C. Gallagher

Mailing Address 8991 S Cobble Canyon

City

Sandy

State

UT

Zip Code

84093

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 ▼

435.56

Date of Receipt

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

Transaction ID: PR19791819

Amount of Each Receipt this Period

250.12

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

Full Name (Last, First, Middle Initial)

Mr. Michael J. Wallace

Mailing Address 1654 Wheatgrass Court

City

Reno

State

NV

Zip Code

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 ▼

973.36

Date of Receipt

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

Transaction ID: PR19801819

Amount of Each Receipt this Period

493.36

P/R Deduction (\$83.34 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Bill Wallace

Mailing Address 1248 Rose Lane

City

Lafayette

State

CA

Zip Code

94549-3032

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 ▼

2000.00

Date of Receipt

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

Transaction ID: PR19811819

Amount of Each Receipt this Period

2000.00

P/R Deduction (\$2000.00
Monthly)

SUBTOTAL of Receipts This Page (optional)

2743.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 120 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary Bacon

Mailing Address 1099 Kentfield Drive

City

Salinas

State

CA

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19841819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Bob D. Hall

Mailing Address 2015 Evergreen Court

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19861819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. O'Neill

Mailing Address 16658 Nandina Avenue

City

Riverside

State

CA

Zip Code

92504-8702

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: PR19881819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Claire M. Nagel

Mailing Address 101 Shore Drive

City

North Cape May

State

NJ

Zip Code

08204-2226

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1991819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rick G. Austin

Mailing Address 6509 Claret Court

City

Kansas City

State

MO

Zip Code

64152-6084

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19941819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Freda J. Zimmerman

Mailing Address 2295 120th Place Southeast

City

Bellevue

State

WA

Zip Code

98005-4158

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19981819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1306.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Warin J. Parker

Mailing Address 563 Leafhaven

City

Windsor

State

CA

Zip Code

95492-8159

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR19991819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen G. Bakke

Mailing Address 3865 Welsh Pony Lane

City

Yorba Linda

State

CA

Zip Code

92886-7929

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20051819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. R. M. Bren

Mailing Address 1106 Missouri Street

City

Grandview

State

WA

Zip Code

98930-1409

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20101819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1306.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. 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

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20111819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Fortier

Mailing Address 8706 Webster Avenue

City

Yakima

State

WA

Zip Code

98908-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20171819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gordon D. Schuster

Mailing Address 1230 Leanne Place

City

Wenatchee

State

WA

Zip Code

98801-3253

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 ▼

675.03

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20201819

Amount of Each Receipt this Period

425.01

P/R Deduction (\$100.00 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1675.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Melvin J. Feinberg

Mailing Address 1816 E 5th Street

City

Brooklyn

State

NY

Zip Code

11223-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2031819

Amount of Each Receipt this Period

520.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Jack Whitehead

Mailing Address 20782 Southwest Hillboro Hy

City

Newberg

State

OR

Zip Code

97132-9412

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20351819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$60.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Cannon, III, III

Mailing Address 30700 19th Avenue S

City

Federal Way

State

WA

Zip Code

98003-5103

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 ▼

1066.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20391819

Amount of Each Receipt this Period

566.66

P/R Deduction (\$100.00 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1326.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Fincham, Jr.

Mailing Address 19333 Soda Springs Drive

City

Bend

State

OR

Zip Code

97702-1091

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20421819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John B. Whitehead

Mailing Address 7745 Southwest 179th Place

City

Beaverton

State

OR

Zip Code

97007-7624

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Managing Partner

Aggregate Year-to-Date ▼

399.23

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20431819

Amount of Each Receipt this Period

250.12

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

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20441819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steve Patterson

Mailing Address 3229 Southwest Mawcrest Place

City

Gresham

State

OR

Zip Code

97080

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20451819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Nathan E. Engstrom

Mailing Address 17140 Southwest Hlsboro Highway

City

Sherwood

State

OR

Zip Code

97140-8622

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20471819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Victoria Simmaly

Mailing Address 235 Flournoy Street

City

San Francisco

State

CA

Zip Code

94112-3910

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20531819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy D. Crumbaker

Mailing Address 5051 Lomas Court

City

Rch Cucamonga

State

CA

Zip Code

91737-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20571819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

B.

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

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20601819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Cole

Mailing Address 1052 S Laughingbrook Court

City

Anaheim

State

CA

Zip Code

92808-2136

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20611819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1129.96

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jack Acomb

Mailing Address 1762 Vista Del Lago

City

Fallbrook

State

CA

Zip Code

92028-1748

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20671819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Horstmann

Mailing Address 804 Country View Circle

City

Fresno

State

CA

Zip Code

93720-0725

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20691819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Katherine Huebert

Mailing Address 294 Robinwood Circle

City

Reedley

State

CA

Zip Code

93654-2767

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 ▼

533.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20701819

Amount of Each Receipt this Period

283.34

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

673.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Warren Fendrich

Mailing Address 14721 72nd Drive

City

Flushing

State

NY

Zip Code

11367-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Sales Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2071819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Hong N. Pham

Mailing Address 22 Shade Tree

City

Irvine

State

CA

Zip Code

92603-0137

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20721819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$104.00 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. William V. Brody

Mailing Address 19 Corte Miguel

City

San Rafael

State

CA

Zip Code

94903-1810

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20781819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1208.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 130 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C. Hettenbach

Mailing Address 43294 Corte Argento

City

Temecula

State

CA

Zip Code

92592-3817

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Ltc Zone Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20801819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley F. Goodin

Mailing Address 6117 Carriage Hse Way

City

Reno

State

NV

Zip Code

89519-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20821819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Alan Smith

Mailing Address 12775 Saratga Creek Drive

City

Saratoga

State

CA

Zip Code

95070-3540

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20951819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

586.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Karr

Mailing Address 7504 Kimberly Avenue

City

Bakersfield

State

CA

Zip Code

93308-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20961819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kenny Taing

Mailing Address 4821 Corso Circle

City

Cypress

State

CA

Zip Code

90630-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20971819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Christie S. Mueller

Mailing Address 6841 Ripley Lane N

City

Renton

State

WA

Zip Code

98056-1529

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR20991819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Dill

Mailing Address 4082 Prestwick Lane

City

Palmdale

State

CA

Zip Code

93551-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21021819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Ragus

Mailing Address 3149 Dragonfly Street

City

Glendale

State

CA

Zip Code

91206-4802

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21031819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Perry

Mailing Address 1227 E Meadow Ridge Road

City

Sandy

State

UT

Zip Code

84094-5713

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21041819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1156.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Seymour Sternberg

Mailing Address 9 Stoneleigh Manor Lane

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2111819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Louis L. Murray, Jr., Jr.

Mailing Address 71 Manthon Road Apt. 2

City

State

Zip Code

West Roxbury

MA

02132-4426

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211441819

Amount of Each Receipt this Period

200.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Neville

Mailing Address 62 Cheyenne Drive

City

State

Zip Code

Nashua

NH

03063-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211451819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1350.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Mosley

Mailing Address 24 Pitt Street

City

Portland

State

ME

Zip Code

04103-4824

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211461819

Amount of Each Receipt this Period

160.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Peter J. Johnson

Mailing Address 19 Elsom Parkway

City

South Burlington

State

VT

Zip Code

05403-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211491819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis M. Chant

Mailing Address 2230 Terraza Place

City

Fullerton

State

CA

Zip Code

92835-3312

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21151819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 135 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary D. Philpott

Mailing Address 5780 South Kline Street

City

Littleton

State

CO

Zip Code

80127-2021

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 ▼

230.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211571819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Byrne

Mailing Address 7716 Evers Boulevard

City

Cheyenne

State

WY

Zip Code

82009-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211591819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Don Vigliotti

Mailing Address 4 Brandon Drive

City

Commack

State

NY

Zip Code

11725-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211671819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

425.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 136 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Narottam N. Patel

Mailing Address 10 B Ashwood Mall

City

Old Bridge

State

NJ

Zip Code

08857-4517

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211721819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Deborah Lewis

Mailing Address 1300 S Arlington Ridge
#314

City

Arlington

State

VA

Zip Code

22202-1964

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 ▼

446.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211731819

Amount of Each Receipt this Period

236.68

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Nancy F. Rose

Mailing Address 1435 Schodack Valley Road

City

Castleton

State

NY

Zip Code

12033-9764

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211771819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

866.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 137 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Rosie Franklin

Mailing Address 7019 Rock Dove Court

City

Charlotte

State

NC

Zip Code

28277-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211781819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher T. Hicks

Mailing Address 5867 California Avenue

City

Long Beach

State

CA

Zip Code

90805-4120

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 ▼

233.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21181819

Amount of Each Receipt this Period

83.32

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Heinemann

Mailing Address 1 Hanford Street

City

Melville

State

NY

Zip Code

11747-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211891819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

483.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 138 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Forte

Mailing Address 1 Chandler Drive

City

Ballston Lake

State

NY

Zip Code

12019-1335

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211921819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mitchell R. Owen

Mailing Address 708 Preston Road

City

Erdenheim

State

PA

Zip Code

19038-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211931819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David Brown

Mailing Address 524 Terrace Avenue

City

Garden City

State

NY

Zip Code

11530-5442

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211941819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1400.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Otto A. Kuehne

Mailing Address 6213 Ranch View Drive

City

East Amherst

State

NY

Zip Code

14051-2094

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR211991819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Memo Morantes

Mailing Address 2019 Menalto Avenue

City

Menlo Park

State

CA

Zip Code

94025-2658

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21201819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ronnie D. Weller

Mailing Address Hc#2 Box 146E

City

Tionesta

State

PA

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212131819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

836.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Dietz

Mailing Address 14 Cardinal Drive

City

Poughkeepsie

State

NY

Zip Code

12601-5719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212151819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Matt Flynn

Mailing Address 1801 N Washgton Avenue

City

Scranton

State

PA

Zip Code

18509-1744

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212191819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John E. Horstmann

Mailing Address 7684 Kincaid

City

Fresno

State

CA

Zip Code

93711-0363

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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21221819

Amount of Each Receipt this Period

540.00

P/R Deduction (\$90.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

803.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas B. Ryan

Mailing Address 1303 Meadow Lane

City

Berwyn

State

PA

Zip Code

19312-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212221819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Hitesh Patel

Mailing Address 6627 Queensborough Avenue
Apt. 101

City

Orlando

State

FL

Zip Code

32835-7558

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212271819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John T. Alexander

Mailing Address 372 Baymount Drive

City

Statesville

State

NC

Zip Code

28625-9548

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212341819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

775.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott McKnight

Mailing Address 520 Pitchercane Road

City

Hot Springs

State

AR

Zip Code

71901-8402

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 ▼

406.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212451819

Amount of Each Receipt this Period

226.68

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Ms. Valerie P. Kaiser

Mailing Address 20604 Marsh Court

City

Sterling

State

VA

Zip Code

20165-7315

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212461819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael P. Daly

Mailing Address 1426 State Route 125

City

Hamersville

State

OH

Zip Code

45130-9509

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212491819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1351.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Westberg

Mailing Address 300 S Brainard

City

La Grange

State

IL

Zip Code

60525-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212571819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. David K. Anderson

Mailing Address 1010 Monticello Avenue

City

Lubbock

State

TX

Zip Code

79416-5983

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212621819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Der Kacy

Mailing Address 13637 S Ishnala Drive

City

Orland Park

State

IL

Zip Code

60462-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212651819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Curt Carey

Mailing Address 952 Meadowood Lane

City

Hudson

State

WI

Zip Code

54016-7518

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 ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212681819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Todd Olig

Mailing Address 1006 Dewey Street

City

Kiel

State

WI

Zip Code

53042-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR212731819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Oscar A. Anzaldo

Mailing Address 2704 Bonniebrook

City

Stockton

State

CA

Zip Code

95207-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21281819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joe Littlejohn

Mailing Address 111 Robert E Lee Place

City

Bossier City

State

LA

Zip Code

71111-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.00

Date of Receipt

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

Transaction ID: PR212951819

Amount of Each Receipt this Period

252.00

P/R Deduction (\$42.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Budo Perry

Mailing Address 305 S Soctt

City

Fort Gibson

State

OK

Zip Code

74434-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR212991819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gene Silvis

Mailing Address 9837 E 85th Street

City

Tulsa

State

OK

Zip Code

74133-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

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

Transaction ID: PR213001819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1502.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 146 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Sanford Bressick

Mailing Address 611 El Dorado Court

City

Santa Rosa

State

CA

Zip Code

95404-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21301819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jimmy S. Inzer Chfc

Mailing Address 2359 Sul Ross

City

San Angelo

State

TX

Zip Code

76904-5309

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213041819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. S. C. Patterson

Mailing Address 1501 Presto Way Northwest

City

Albuquerque

State

NM

Zip Code

87104-2396

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213071819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

875.10

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Zerbe M. Mellish

Mailing Address 2503 Valleyfield

City

Houston

State

TX

Zip Code

77080-4406

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR21311819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Fish

Mailing Address 55 Winding River Trail

City

Bentleyville

State

OH

Zip Code

44022-3607

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1598.21

Date of Receipt

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

Transaction ID: PR21311819

Amount of Each Receipt this Period

1000.09

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

Full Name (Last, First, Middle Initial)

Mr. Al Cervantes

Mailing Address 1511 Camino Alto

City

El Paso

State

TX

Zip Code

79902-2807

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.32

Date of Receipt

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

Transaction ID: PR213191819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1363.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 148 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sue Zwiener

Mailing Address 10630 Dodge Mower Road

City

Bloomington

State

MN

Zip Code

55917-6934

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 ▼

699.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213241819

Amount of Each Receipt this Period

349.98

P/R Deduction (\$58.33 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark A. Wiskus

Mailing Address 1005 Edgewater Drive

City

Pella

State

IA

Zip Code

50219-7669

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213341819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Brown

Mailing Address 8976 Northeast Patton Road

City

Hamilton

State

MO

Zip Code

64644-9166

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213411819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

999.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ron Meeker

Mailing Address 804 N Dubuque

City

Sioux Falls

State

SD

Zip Code

57110-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213431819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Grant Baugh

Mailing Address 1046 Morgan Avenue

City

Ontario

State

OR

Zip Code

97914-8662

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213471819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Bookout

Mailing Address 24760 Eagle River Road

City

Eagle River

State

AK

Zip Code

99577

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213491819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

550.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Curtis W. Olsen

Mailing Address 840 E 1330 S

City

Spanish Fork

State

UT

Zip Code

84660-2900

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213531819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Brian K. Freckleton

Mailing Address 3830 Saddleback Road

City

Park City

State

UT

Zip Code

84098-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213551819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark T. Forsstrom

Mailing Address 2702 Langlade Avenue

City

Henderson

State

NV

Zip Code

89052-3916

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 ▼

203.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213561819

Amount of Each Receipt this Period

113.36

P/R Deduction (\$20.84 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

388.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Wallace

Mailing Address 1640 Northeast 156th Avenue

City

Portland

State

OR

Zip Code

97230-5323

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213601819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Werner

Mailing Address 1380 King James Court

City

Oak Park

State

CA

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

973.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21361819

Amount of Each Receipt this Period

493.36

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joe Hong

Mailing Address 317 Edgewater Drive

City

Milpitas

State

CA

Zip Code

95035-4428

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213671819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1673.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Terry Merlo

Mailing Address 1213 San Sorrento Court

City

Grover Beach

State

CA

Zip Code

93433-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213721819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Fred A. Donati

Mailing Address 404 El Portal

City

Shell Beach

State

CA

Zip Code

93449-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213731819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Cohinta Alzate

Mailing Address 13976 Southwest 42nd Street

City

Davie

State

FL

Zip Code

33330-5733

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 ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213801819

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

400.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Forrest G. Hindley

Mailing Address 17609 White Marble Drive

City

Monument

State

CO

Zip Code

80132-7445

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21381819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Annamalai Palani

Mailing Address 5837 Corte Mente

City

Pleasanton

State

CA

Zip Code

94566-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213841819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Eric K. Takao

Mailing Address 752 Pahumele Place

City

Kailua

State

HI

Zip Code

96734-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213861819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

2250.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 154 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Koelewyn

Mailing Address 32523 Pinebluff Place

City

Westlake Village

State

CA

Zip Code

91361-5541

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21391819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rajesh Ratilal Sanchala

Mailing Address 305 Highland Meadows Drive

City

Wylie

State

TX

Zip Code

75098-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR213941819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jaydev Patel

Mailing Address 2099 Northwest 53rd Street

City

Boca Raton

State

FL

Zip Code

33496-3451

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214011819

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bill Regan, III, III

Mailing Address 790 Bromfield Road

City

San Mateo

State

CA

Zip Code

94402-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214021819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry Sullivan

Mailing Address 204 Paseo Arboles

City

Fairfield

State

CA

Zip Code

94534-1514

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214031819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Leslie Coddington

Mailing Address 522 West 112th Street
Unit 54

City

New York

State

NY

Zip Code

10025-1689

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214161819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1000.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jeanne M. Carbone

Mailing Address 669 Pelham Road
Apt. C2

City State Zip Code
New Rochelle NY 10805-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2141819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. William T. Kyle

Mailing Address 4596 Hicks Lane

City State Zip Code
Chico CA 95973-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21421819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul H. Rhodes

Mailing Address 210 Meadow Lane

City State Zip Code
Maysville MO 64469-8212

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR214221819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

520.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry Macias

Mailing Address 1530 Avenida Quintas

City

Las Cruces

State

NM

Zip Code

88001-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21431819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Angelo A. Haddad

Mailing Address 354 Garnsey Avenue

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21451819

Amount of Each Receipt this Period

725.01

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick D. Miller

Mailing Address 265 Mountaincrest Road

City

Duarte

State

CA

Zip Code

91010-1537

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 ▼

475.02

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21471819

Amount of Each Receipt this Period

325.02

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1350.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Philip A. Vignola

Mailing Address 3 Strawberry Knoll Court

City

Fort Salonga

State

NY

Zip Code

11768-2646

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 ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2151819

Amount of Each Receipt this Period

192.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Choi

Mailing Address 4442 Saint Clair Avenue

City

Studio City

State

CA

Zip Code

91604-1207

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 ▼

1461.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215311819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Zaniwski

Mailing Address 4196 Pacifico Lane

City

Las Vegas

State

NV

Zip Code

89135-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215331819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1442.21

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jeannette L. Smith

Mailing Address 3734 Vancouver Drive

City

Reno

State

NV

Zip Code

89511-6048

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Manager - Life Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR215341819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Glenn A. Condos

Mailing Address 15108 Majorca Street

City

Dallas

State

TX

Zip Code

75248-6422

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Regional Manager - Life Product Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: PR215361819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Rick K. Stivers

Mailing Address 7564 Linidisfarne Lane

City

Franklin

State

TN

Zip Code

37064-6256

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 ▼

2000.04

Date of Receipt

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

Transaction ID: PR21541819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1455.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Polilli

Mailing Address 4522 Perdita Lane

City

Lutz

State

FL

Zip Code

33558-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President & Actuary

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215451819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Darrell N. Robertson

Mailing Address 17933 Patterson Road

City

Odessa

State

FL

Zip Code

33556-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215461819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ross M. Goldstein

Mailing Address 11 Riverside Drive
Apt. 3Me

City

New York

State

NY

Zip Code

10023-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Branding and Advertising

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215491819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

505.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Larry Tover

Mailing Address 4839 Hermano Drive

City

Tarzana

State

CA

Zip Code

91356-4517

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 ▼

374.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21551819

Amount of Each Receipt this Period

218.68

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Morel

Mailing Address 6101 Long Praire Road
#744-129

City

Flowermound

State

TX

Zip Code

75028-6201

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Agency Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215531819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debra A. Bronzo

Mailing Address 21 Di Rubbo Drive

City

Cortlandt Manor

State

NY

Zip Code

10567-2613

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 ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215551819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

543.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Albert J. Schiff

Mailing Address 11 Mohawk Lane

City

Greenwich

State

CT

Zip Code

06831-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR215591819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Ms. Suzanne W. Sanford

Mailing Address 32055 Southwest Arbor Lake Drive

City

Wilsonville

State

OR

Zip Code

97070-9415

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21561819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Tony Bolado

Mailing Address 698 N Helena

City

Anaheim

State

CA

Zip Code

92805-2620

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21681819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1656.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 163 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia R. Bolker

Mailing Address 147 27th Street

City

Del Mar

State

CA

Zip Code

92014-2043

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21711819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ray Triplett

Mailing Address 16171 Hillvale Avenue

City

Monte Sereno

State

CA

Zip Code

95030-4159

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21721819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lester A. Gee

Mailing Address 300 3rd Street
Unit 1512

City

San Francisco

State

CA

Zip Code

94107-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21741819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1400.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 164 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William S. Anders

Mailing Address 15 Grand Place

City

Newtown

State

CT

Zip Code

06470-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Management Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21761819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Nicholas J. Smaldino

Mailing Address 1804 E Chelsea

City

Fresno

State

CA

Zip Code

93720-4213

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21811819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas G. Sawicki

Mailing Address 114 Bushwick Road

City

Poughkeepsie

State

NY

Zip Code

12603-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2181819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

906.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 165 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nick Ameli, Jr., Jr.

Mailing Address 4113 Coal Heritge Road

City

Bluewell

State

WV

Zip Code

24701-9193

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 ▼

525.03

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218811819

Amount of Each Receipt this Period

275.01

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Afiz Hudani

Mailing Address 5009 Westgrove Circle

City

Colleyville

State

TX

Zip Code

76034-5176

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218821819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Salim R. Kassam

Mailing Address 4930 Plantation Clny

City

Sugar Land

State

TX

Zip Code

77478-5430

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218831819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

575.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 166 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mike Turner

Mailing Address 620 Turtle Creek Drive

City

Shreveport

State

LA

Zip Code

71115-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218871819

Amount of Each Receipt this Period

83.32

P/R Deduction (\$20.83 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. John Wolff

Mailing Address 120 Willow Avenue

City

Roseville

State

CA

Zip Code

95678-3232

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218891819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$50.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Doug Wills

Mailing Address 12410 W Auburn Avenue

City

Lakewood

State

CO

Zip Code

80228-4986

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218911819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

473.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 167 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bryan Buzzard

Mailing Address 3311 E Dartmouth

City

Mesa

State

AZ

Zip Code

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218921819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Aguirre

Mailing Address 7518 South 240 E

City

Midvale

State

UT

Zip Code

84047-2169

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218931819

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dick D. Bond, Jr., Jr.

Mailing Address 465 Woodcrest Drive

City

Waterloo

State

IA

Zip Code

50701-5619

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR218981819

Amount of Each Receipt this Period

100.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 168 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Duane Allred

Mailing Address 731 Greenview Trail

City

Brookhaven

State

MS

Zip Code

39601-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR219041819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

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

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR219081819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Christine Young

Mailing Address 63 Berryessa Way

City

Hillsborough

State

CA

Zip Code

94010-7301

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21941819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1360.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 169 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Art Kess

Mailing Address 12740 Fieldcreek Lane

City

Reno

State

NV

Zip Code

89511-6658

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21951819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Dixie H. Smith

Mailing Address PO Box 1386

City

Carmel

State

CA

Zip Code

93921-1386

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21971819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. George Alden

Mailing Address 12528 Degas Lane

City

Dallas

State

TX

Zip Code

75230-1752

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR21991819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

395.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 170 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George E. Carr

Mailing Address 2791 Leo Circle

City

Riverside

State

CA

Zip Code

92503-6050

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22021819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Russell A. Curtiss

Mailing Address 4118 E 14th Street

City

Long Beach

State

CA

Zip Code

90604-3005

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22031819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. L. B. Nole

Mailing Address 3170 Viaduct Ponciana
6

City

Lake Worth

State

FL

Zip Code

33467-3303

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22071819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

966.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 171 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David A Teitelbaum

Mailing Address 1418 Avon Lane
Building 2 Apt. 14

City State Zip Code
North Lauderdale FL 33068-5532

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR220961819

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Manuel Perry, Jr., Jr.

Mailing Address 3744 Clubside Lane

City State Zip Code
Sacramento CA 95838-2008

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22101819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. James A. Allen

Mailing Address 710 Avery Street

City State Zip Code
South Windsor CT 06074-2303

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR221819

Amount of Each Receipt this Period

225.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

413.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 172 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara J. Norman

Mailing Address 13672 Orchard Gate Road

City

Poway

State

CA

Zip Code

92064-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22191819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Bassie Lee

Mailing Address 1210 Dana Avenue

City

Palo Alto

State

CA

Zip Code

94301-3111

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 ▼

326.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22201819

Amount of Each Receipt this Period

206.68

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John J. Englert

Mailing Address 4948 Saratoga

City

Redding

State

CA

Zip Code

96002-9419

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22231819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

756.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 173 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard Paulsen

Mailing Address 6280 Crooked Stick Avenue

City

Stockton

State

CA

Zip Code

95219-1859

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22251819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rex Inglis

Mailing Address 2528 Tamarisk Avenue

City

Stockton

State

CA

Zip Code

95207-1343

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22271819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kulbhusan L. Sareen

Mailing Address 405 Darrell Road

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

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22281819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2156.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 174 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Rutledge

Mailing Address 10484 Janice Lynn Circle

City

Cypress

State

CA

Zip Code

90630-4225

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 ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22341819

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mitchell D. Rosenberg

Mailing Address 870 Camino El Carizo

City

Thousand Oaks

State

CA

Zip Code

91360-2324

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22361819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Neelam Salmen

Mailing Address 10350 East Road

City

Redwood Valley

State

CA

Zip Code

95470-6102

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 ▼

313.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22381819

Amount of Each Receipt this Period

168.34

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

876.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 175 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald Wilson

Mailing Address 3167 Stardust Street

City

Rocklin

State

CA

Zip Code

95677-1725

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22391819

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gideon A. Pell

Mailing Address 61 Holbrook Drive

City

Stamford

State

CT

Zip Code

06906-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2241819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Michael L. Cole

Mailing Address 12516 Plaza Amada

City

San Diego

State

CA

Zip Code

92128-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22431819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1583.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 176 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Nelsie Parrado

Mailing Address 24-09 Cambridge Road

City

Fair Lawn

State

NJ

Zip Code

07410-2946

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 ▼

258.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22461819

Amount of Each Receipt this Period

133.68

P/R Deduction (\$23.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gary N. Laurin

Mailing Address 721 Hearst Way

City

Corona

State

CA

Zip Code

92882-6397

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 ▼

415.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22531819

Amount of Each Receipt this Period

207.96

P/R Deduction (\$34.66 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Vernon C. Cunningham

Mailing Address 842 Renfrew Way

City

Riverside

State

CA

Zip Code

92508-6090

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22551819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

466.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Donald G. Presley

Mailing Address 4502 Obispo Avenue

City

Lakewood

State

CA

Zip Code

90712-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Life Product Consultant

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22571819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Scott V. Spickler

Mailing Address 10754 Horizon Drive

City

Juneau

State

AK

Zip Code

99801-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22591819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Charlie Finegan

Mailing Address 6996 Cr 242

City

Dublin

State

TX

Zip Code

76446-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22831819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Koskovich

Mailing Address 5717 Cavender Drive

City

Plano

State

TX

Zip Code

75093-5966

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 ▼

1636.67

Date of Receipt

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

Transaction ID: PR22841819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Jack L. Doverspike

Mailing Address PO Box 159

City

Larose

State

LA

Zip Code

70373-0159

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: PR22871819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Jaramillo

Mailing Address 11 Turtle Ridge Court

City

Ridgefield

State

CT

Zip Code

06877-1060

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 ▼

2000.18

Date of Receipt

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

Transaction ID: PR22901819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2120.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 179 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. JOHN MORRIS

Mailing Address 27 Noelle Court

City

Amityville

State

NY

Zip Code

11701-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2291819

Amount of Each Receipt this Period

176.00

P/R Deduction (\$16.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Son Van Nguyen

Mailing Address 6474 Marigayle Circle

City

Huntington Beach

State

CA

Zip Code

92648-6728

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR22981819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jim Cama

Mailing Address 19 Crestwood Drive

City

East Hampton

State

CT

Zip Code

06424-1322

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2301819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

512.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 180 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Floyd W. Franks

Mailing Address 425 Blue Water Pointe Drive

City

Jasper

State

AL

Zip Code

35504-4067

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR23041819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David Smith

Mailing Address 10810 Executive Drive
Suite 301

City

Little Rock

State

AR

Zip Code

72211

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR23071819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Peter P. Chan

Mailing Address 7805 E Starbright Court

City

Tucson

State

AZ

Zip Code

85750-7048

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR23141819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1345.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Himat Patel

Mailing Address 5763 Rosebud Court

City

Chino Hills

State

CA

Zip Code

91709-3973

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: PR23181819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Gayle A. Yeomans

Mailing Address 777 W End Avenue

City

New York

State

NY

Zip Code

10025-5551

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR23421819

Amount of Each Receipt this Period

260.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Joan M. Cronin

Mailing Address 15 Steven Drive Apt. 7

City

Ossining

State

NY

Zip Code

10562-1977

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2361819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jean-Marie Fontan

Mailing Address 33-14 76th Street

City

Jackson Heights

State

NY

Zip Code

11372-1152

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2391819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. George Gordon

Mailing Address 3807 Coventry Lane

City

Boca Raton

State

FL

Zip Code

33496-4062

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 ▼

1384.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2401819

Amount of Each Receipt this Period

384.65

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

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Falabella

Mailing Address 25503 147th Road

City

Rosedale

State

NY

Zip Code

11422-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2421819

Amount of Each Receipt this Period

162.50

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

703.15

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jayanti M. Patel

Mailing Address 23 Arcadian Drive

City

Wesley Hills

State

NY

Zip Code

10977-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

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

Transaction ID: PR2441819

Amount of Each Receipt this Period

172.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Wally Sims

Mailing Address 3 Harborview Place

City

Center Moriches

State

NY

Zip Code

11934-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: PR2471819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Veronica E. McCarthy

Mailing Address 67118 Dartmouth Street

City

Forest Hills

State

NY

Zip Code

11375-4148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Assistant Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

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

Transaction ID: PR2501819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

578.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 184 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Maryann Ingenito

Mailing Address 305 Edinboro Road

City

Staten Island

State

NY

Zip Code

10306-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2521819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael G. Gallo

Mailing Address 4 Red Mill Lane

City

Darien

State

CT

Zip Code

06820-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp - Retirement Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2581819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Cordell Hoffer

Mailing Address 65 Otterkill Road

City

New Windsor

State

NY

Zip Code

12533-8830

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2591819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

3000.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 185 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dan King

Mailing Address 2000 Mountainview Drive
Suite 403

City State Zip Code
Colchester VT 05446-1905

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR261819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Enrico R. Sorrentino

Mailing Address 1256 Turnbury Lane

City State Zip Code
North Wales PA 19454-3658

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 ▼

1636.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2621819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. James F. Nee

Mailing Address 19 Sidney School Road

City State Zip Code
Annandale NJ 08801-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2631819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 186 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline A. O'Leary

Mailing Address 52 Clyde Street

City

New Hyde Park

State

NY

Zip Code

11040-2433

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2641819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Solomon Goldfinger

Mailing Address 14719 70th Avenue

City

Flushing

State

NY

Zip Code

11367-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp & Senior Advisor To the C.O.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2671819

Amount of Each Receipt this Period

440.05

P/R Deduction (\$33.85 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Recia L. Lord

Mailing Address 131 Saint Pauls Avenue

City

Staten Island

State

NY

Zip Code

10301-3232

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2681819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

765.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Mulqueen

Mailing Address 41 Silo Lane

City

Middletown

State

NY

Zip Code

10940-2603

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 ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2691819

Amount of Each Receipt this Period

102.00

P/R Deduction (\$17.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Penny Righthand

Mailing Address 565 Bellevue Avenue
#1002

City

Oakland

State

CA

Zip Code

94610-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2751819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Gordon

Mailing Address 200E32nd Street
Apt. 16B

City

New York

State

NY

Zip Code

10016

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 ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2781819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

377.06

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Rock

Mailing Address 8 Park Place

City

Short Hills

State

NJ

Zip Code

07078-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp and Chief Investment Officer - L&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

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

Transaction ID: PR2791819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Marat Gakyma

Mailing Address 340 Travis Avenue

City

Staten Island

State

NY

Zip Code

10314-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

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

Transaction ID: PR2811819

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Walden J. Rooney

Mailing Address 5 Mountain View Boulevard

City

South Burlington

State

VT

Zip Code

05403-5825

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 ▼

203.32

Date of Receipt

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

Transaction ID: PR2811819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

571.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 189 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ted R. Young

Mailing Address 7360 Sierra Drive

City

Granite Bay

State

CA

Zip Code

95746-6957

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 ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2821819

Amount of Each Receipt this Period

138.00

P/R Deduction (\$23.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Patrick G. Boyle

Mailing Address 7 Holmes Court

City

Morristown

State

NJ

Zip Code

07960-2776

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 ▼

1201.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2851819

Amount of Each Receipt this Period

600.60

P/R Deduction (\$46.20 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Eileen T. Slevin

Mailing Address 32 Dykers Farm Road

City

North Haledon

State

NJ

Zip Code

07508-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2891819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

988.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joel A. Shapiro

Mailing Address 200 E 66th Street #302D

City

New York

State

NY

Zip Code

10021-9188

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2931819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Delisio

Mailing Address 99 Wildflower Lane

City

Shokan

State

NY

Zip Code

12481-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3041819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Maureen E. Foley

Mailing Address 4-74 48 Avenue Apt. 12C

City

Long Island Cty

State

NY

Zip Code

11109-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3061819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

690.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 191 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael M. Oleske

Mailing Address 59 the Neck

City

Manhasset

State

NY

Zip Code

11030-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Svp & Chief Tax Counsel

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3081819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Ms. Lenora Wilson

Mailing Address 9817 Hadrians Way

City

Shreveport

State

LA

Zip Code

71118-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

479.21

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3141819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Barbara Devereaux

Mailing Address 8886 E Mountain Spring Road

City

Scottsdale

State

AZ

Zip Code

85255-9172

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Regional Manager - Ltc Sales

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3181819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

875.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 192 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth H. Hower

Mailing Address 123 W Houston Avenue

City

Clovis

State

CA

Zip Code

93611-3537

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3191819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara J. Halecki

Mailing Address 12 Lakeview Road

City

Cortlandt Manor

State

NY

Zip Code

10567-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3241819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John H. O'Byrne

Mailing Address 18 Crowne Pond Lane

City

Wilton

State

CT

Zip Code

06897-3029

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 ▼

975.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3271819

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1656.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 193 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Casey

Mailing Address 272 1st Avenue
Apt. 5F

City State Zip Code
New York NY 10009-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Abbett P. Howland

Mailing Address 177 E 79th Street
Apt. 18A

City State Zip Code
New York NY 10075-0415

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3331819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Carl E. Roberts

Mailing Address 1339 Carroll Street

City State Zip Code
Brooklyn NY 11213-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3361819

Amount of Each Receipt this Period

52.00

P/R Deduction (\$26.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

302.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 194 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gerard A. Rocchi

Mailing Address 789 Mountain Laurel Road

City

Fairfield

State

CT

Zip Code

06824-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3511819

Amount of Each Receipt this Period

968.39

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

B.

Full Name (Last, First, Middle Initial)

Ms. Kornelia Caulo Seyfried

Mailing Address 303 Frederick Street

City

Dix Hills

State

NY

Zip Code

11746-7009

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 ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3611819

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard W. Zuccaro

Mailing Address 55 Marina Road

City

Island Park

State

NY

Zip Code

11558-1006

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3641819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1306.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 195 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Smith

Mailing Address 39-856 Morningside Drive

City

Rancho Mirage

State

CA

Zip Code

92270-3016

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3661819

Amount of Each Receipt this Period

560.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Elaine Ashworth

Mailing Address 300 East 85th Street
Apt. 1404

City

New York

State

NY

Zip Code

10028-4594

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3721819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Taigue

Mailing Address 71 Stevenson Street

City

Lynbrook

State

NY

Zip Code

11563-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First V.P. & Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3731819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

935.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 196 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Susan K. Reeves

Mailing Address 21482 Montbury Drive

City

Lake Forest

State

CA

Zip Code

92630-6551

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 ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3761819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jules DelVecchio

Mailing Address 4 Sackett Circle

City

Larchmont

State

NY

Zip Code

10538-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3791819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Clarence T. Drakes, Jr.

Mailing Address 103 Oakland Terrace

City

Newark

State

NJ

Zip Code

07106-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3811819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

630.06

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clif Sams

Mailing Address 19658 E Flora Place

City

Aurora

State

CO

Zip Code

80013-3760

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR381819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Oliviero

Mailing Address 63 Wellington Road

City

Garden City

State

NY

Zip Code

11530-4149

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3821819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Nebgen

Mailing Address 17290 Highland Avenue
Apt. 4M

City

Jamaica

State

NY

Zip Code

11432-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant Vice President - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3831819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

380.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 198 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Salvatore F. Farina

Mailing Address 5 Sir Kenneth Court

City

Northport

State

NY

Zip Code

11768-1554

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3851819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. James M. Lauzon

Mailing Address 8 Newcastle Drive

City

Avon

State

CT

Zip Code

06001-3151

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 ▼

1096.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR391819

Amount of Each Receipt this Period

346.14

P/R Deduction (\$57.69 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Frank M. Boccio

Mailing Address 18 Williamson Street

City

East Rockaway

State

NY

Zip Code

11518-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

E.V.P. & Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

878.54

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3941819

Amount of Each Receipt this Period

439.27

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

SUBTOTAL of Receipts This Page (optional)

1785.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 199 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Piero V. Silvestri

Mailing Address 808 Preston Road

City

East Meadow

State

NY

Zip Code

11554-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4001819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph Castro

Mailing Address 110-21 55th Avenue

City

Corona

State

NY

Zip Code

11368-3309

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4041819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Wadsworth

Mailing Address 2211 Chardonnay Terrace

City

Parrish

State

FL

Zip Code

34219-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4061819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

606.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 200 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Alison F. Souksamlane

Mailing Address 15506 Clover Ridge

City

San Antonio

State

TX

Zip Code

78248-1333

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 ▼

3499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4091819

Amount of Each Receipt this Period

1999.98

P/R Deduction (\$416.66 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Kathleen A. Donnelly

Mailing Address 47 Southview Circle

City

Lake Grove

State

NY

Zip Code

11755-2244

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 ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4101819

Amount of Each Receipt this Period

1000.09

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

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4161819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

4000.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 201 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Kaminski

Mailing Address 63 Fern Street

City

Floral Park

State

NY

Zip Code

11001-3207

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4231819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. George C. Vatore

Mailing Address 3748 Wildwood Street

City

Yorktown Heights

State

NY

Zip Code

10598-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.62

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4281819

Amount of Each Receipt this Period

194.74

P/R Deduction (\$14.98 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Neil Glynn

Mailing Address 9301 S Hoyne

City

Chicago

State

IL

Zip Code

60620-5606

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR438031819

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1444.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 202 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony L. Miller

Mailing Address 1460 S Prairie Avenue

City

Chicago

State

IL

Zip Code

60605-2884

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4381819

Amount of Each Receipt this Period

406.25

P/R Deduction (\$31.25 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Bradford L. Meigs

Mailing Address 3 Harvest Lane

City

Hingham

State

MA

Zip Code

02043-4233

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 ▼

933.37

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR441819

Amount of Each Receipt this Period

683.35

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Pierluigi Abiad

Mailing Address 2 Peabody Court

City

Teaneck

State

NJ

Zip Code

07666-6469

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4461819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1239.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 203 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James O. DeVito

Mailing Address 3 Fiske Pond Road

City

Holliston

State

MA

Zip Code

01746-2051

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448641819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Craig A. Forman

Mailing Address 5020 W 18th Avenue

City

Kennewick

State

WA

Zip Code

99338-1847

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 ▼

435.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448661819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Simonetti

Mailing Address 21685 Chase Drive

City

Novi

State

MI

Zip Code

48375-4765

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 ▼

399.23

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448681819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1500.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 204 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kinh-Huu Lam

Mailing Address 991 Lurline Drive

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448721819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Darin Fass

Mailing Address 30 Carlton Drive

City

State

Zip Code

Mount Kisco

NY

10549-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448731819

Amount of Each Receipt this Period

260.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Kramer

Mailing Address 111 W Ravine Court

City

State

Zip Code

Mequon

WI

53092-5861

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448741819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William Grub

Mailing Address 27 Desantis Drive

City

Highland Mills

State

NY

Zip Code

10930-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

764.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448751819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory D. Tyson

Mailing Address 1122 Garden Street

City

Hoboken

State

NJ

Zip Code

07030-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Svp

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448781819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Ms. Amelia Scott

Mailing Address 3920 Arkwright Road
Suite 160

City

Macon

State

GA

Zip Code

31210-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448801819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1750.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Romany S. Abraham

Mailing Address 3350 Hampshire Road

City

State

Zip Code

Furlong

PA

18925-1254

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448811819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Brett Bargery

Mailing Address 505 Liberty Court

City

State

Zip Code

Colleyville

TX

76034-7619

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 ▼

865.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448841819

Amount of Each Receipt this Period

500.11

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Blake

Mailing Address 105 Meadow Ridge Road

City

State

Zip Code

Warwick

NY

10990-2569

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448851819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1075.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 207 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stanley M. Friedman

Mailing Address 25 Round Tree Drive

City

Melville

State

NY

Zip Code

11747-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448881819

Amount of Each Receipt this Period

520.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. David A. Harland

Mailing Address 200 E 66th Street
Apt. A-1903

City

New York

State

NY

Zip Code

10065-9179

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First V.P. & Dep Gen Counsel & Dep Sec

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448901819

Amount of Each Receipt this Period

260.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Hodgkiss

Mailing Address 5824 Fairmount Avenue

City

Downers Grove

State

IL

Zip Code

60516-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448911819

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 208 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George M. Kay

Mailing Address 300 Ivy Springs Court

City

Waxhaw

State

NC

Zip Code

28173

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448921819

Amount of Each Receipt this Period

260.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. La Pietra

Mailing Address 12601 Split Creek Court

City

North Potomac

State

MD

Zip Code

20878-3999

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 ▼

1636.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448931819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Madgett

Mailing Address 24634 Southeast 9th Place

City

Sammamish

State

WA

Zip Code

98074-3447

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448951819

Amount of Each Receipt this Period

959.50

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

SUBTOTAL of Receipts This Page (optional)

2219.59

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jerry B. McKinney

Mailing Address 2601 25th Street Southeast
Suite 350

City	State	Zip Code
Salem	OR	97302-1283

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

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

Transaction ID: PR448961819

Amount of Each Receipt this Period

500.11

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

Full Name (Last, First, Middle Initial)

Mr. Roland Ghazal

Mailing Address 3111 Danielle Court

City	State	Zip Code
Livermore	CA	94550-6888

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.61

Date of Receipt

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

Transaction ID: PR448971819

Amount of Each Receipt this Period

500.11

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

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**Name of Employer
New York Life Insurance
CompanyOccupation
Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR448981819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1325.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 210 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth N. Savoie

Mailing Address 5383 Chaucers Court

City

Roanoke

State

VA

Zip Code

24018-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR448991819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael F. Scovel

Mailing Address 20 W Mundhank Road

City

South Barrington

State

IL

Zip Code

60010-9557

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 ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449001819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff Bacchas

Mailing Address 8 Gregory Court

City

Farmingville

State

NY

Zip Code

11738-4203

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449041819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1445.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 211 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mehmood N. Daya

Mailing Address 22106 Grand Cove Court

City

State

Zip Code

Katy

TX

77450-8097

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 ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449051819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Troy K. Holman

Mailing Address 210 Quisset Lane

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449071819

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kyle T. Williamson

Mailing Address 6805 Beckworth Lane

City

State

Zip Code

Plano

TX

75024-7536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Zone Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449121819

Amount of Each Receipt this Period

260.00

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

SUBTOTAL of Receipts This Page (optional)

1215.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 212 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert P. Mason

Mailing Address 7 Glarus Court

City

Fairport

State

NY

Zip Code

14450-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1455.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449141819

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Scott A. Cleveland

Mailing Address 1233 E Riversong Drive

City

Eagle

State

ID

Zip Code

83616-5568

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449171819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra C. Ngo

Mailing Address 622 Ruscello Court

City

El Dorado Hills

State

CA

Zip Code

95762-5531

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

399.23

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449191819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1280.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 213 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Elaine Williams

Mailing Address 503 Webster Avenue

City

Uniondale

State

NY

Zip Code

11553-1841

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 ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449201819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

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

Name of Employer
New York Life Insurance
Company

Occupation

Senior Financial Analysis Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR449221819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew S. Hajducek

Mailing Address 10 Penrose Lane

City

Princeton Junction

State

NJ

Zip Code

08550-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4541819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 214 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary D. Lamons

Mailing Address 7010 Molluk Way

City

Clayton

State

CA

Zip Code

94517-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455381819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Stewart

Mailing Address 108 Hickory Road

City

Bullard

State

TX

Zip Code

75757-5064

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455421819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Gavin

Mailing Address 117 Allenhurst Circle

City

Franklin

State

TN

Zip Code

37067-7272

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455481819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

450.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 215 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kelly S. Dowell

Mailing Address 165 Clubhouse Circle

City

Fairhope

State

AL

Zip Code

36532-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455521819

Amount of Each Receipt this Period

65.00

P/R Deduction (\$5.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. William P. Tate

Mailing Address 29355 Regency Circle

City

Westlake

State

OH

Zip Code

44145-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Service Center Vice President

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455571819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph C. Suellentrop

Mailing Address 9401 Redbud Lane

City

Lenexa

State

KS

Zip Code

66220-3437

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

223.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR455611819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

445.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 216 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Bennett

Mailing Address 1432 Holiday Park Drive

City

Wantagh

State

NY

Zip Code

11793-2540

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4561819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Ms. Patrice M. Cortelli

Mailing Address 17 Crescent Court

City

Peekskill

State

NY

Zip Code

10566-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Assistant Vice President - Systems

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4571819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dominick Nuzzi

Mailing Address 21 Chambray Court

City

Freehold

State

NJ

Zip Code

07728-9067

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4581819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

630.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 217 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Betty Virgili

Mailing Address 10310 Saint Ives Court

City

Orlando

State

FL

Zip Code

32817-3291

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4591819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Scott Clu Chfc

Mailing Address 321 West 14th Street

City

New York

State

NY

Zip Code

10014-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4611819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. George F. LaMont

Mailing Address 6 Westview Road

City

Northport

State

NY

Zip Code

11768-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4641819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

425.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 218 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James P. McNicholas

Mailing Address 32 Kinzley Street

City

Little Ferry

State

NJ

Zip Code

07643-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR467681819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. David L. Brass

Mailing Address 541 Polaris Street

City

North Babylon

State

NY

Zip Code

11703-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Regional Manager - Life Product Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4701819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Franklin

Mailing Address 33 Round Hill Road

City

Washingtonville

State

NY

Zip Code

10992-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR4761819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

825.14

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pinkos

Mailing Address 16 Carolyn Terrace

City

Chicopee

State

MA

Zip Code

01020-3543

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

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

Transaction ID: PR481819

Amount of Each Receipt this Period

172.00

P/R Deduction (\$30.00 Mon-
thly)**B.**

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

Name of Employer
New York Life Insurance
CompanyOccupation
Svp & Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.58

Date of Receipt

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

Transaction ID: PR4911819

Amount of Each Receipt this Period

38.47

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

Full Name (Last, First, Middle Initial)

Mr. Vishnu Patel

Mailing Address 108-28 63 Drive

City

Forest Hills

State

NY

Zip Code

11375-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: PR4941819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

366.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 220 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Leiderman

Mailing Address 213 Viaduct Emilia

City

Palm Beach

State

FL

Zip Code

33418-1726

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5031819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John Dipalermo

Mailing Address 3297 Padilla Way

City

San Jose

State

CA

Zip Code

95148-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5041819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David R. Tarella

Mailing Address 489 Stage Road

City

Charlton

State

NY

Zip Code

12019-2704

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 ▼

374.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5091819

Amount of Each Receipt this Period

218.68

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1218.70

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian M. O'Neill

Mailing Address 45 Saint Michaels Te

City

Carmel

State

NY

Zip Code

10512-2006

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

V.P. & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

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

Transaction ID: PR5101819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Hallahan

Mailing Address 172 Wayne Avenue

City

River Edge

State

NJ

Zip Code

07661-1106

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 ▼

743.99

Date of Receipt

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

Transaction ID: PR5121819

Amount of Each Receipt this Period

500.11

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

Full Name (Last, First, Middle Initial)

Mr. Irving Flamer

Mailing Address 3 Linden Lane

City

Old Westbury

State

NY

Zip Code

11568-1609

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR5191819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

875.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 222 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Shea

Mailing Address 20 Makanna Drive

City

Huntington

State

NY

Zip Code

11743-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President

Aggregate Year-to-Date ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5271819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert B. O'Neill

Mailing Address 6080 Cabotage Road

City

Duluth

State

GA

Zip Code

30097-8476

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Zone Chief Operating Officer

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5291819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Howard Levy

Mailing Address 14 Strafford Lane

City

Bedford

State

NH

Zip Code

03110-4536

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

1014.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5341819

Amount of Each Receipt this Period

507.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1702.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Petrocelli, Jr., Jr.

Mailing Address 10 Byrd Street

City

Rye

State

NY

Zip Code

10580-2407

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.02

Date of Receipt

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

Transaction ID: PR5371819

Amount of Each Receipt this Period

295.02

P/R Deduction (\$83.34 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. C. W. Dawn, Jr., Jr.

Mailing Address 11 Wendover Court

City

Stafford

State

VA

Zip Code

22554-3988

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

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

Transaction ID: PR540161819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Dean

Mailing Address 1648 Wimbledon Drive

City

Walled Lake

State

MI

Zip Code

48390-3179

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

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

Transaction ID: PR540171819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

920.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 224 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jeanmarie A. Deliso

Mailing Address 43 Primrose Drive

City

Longmeadow

State

MA

Zip Code

01106-2531

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 ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540191819

Amount of Each Receipt this Period

498.00

P/R Deduction (\$83.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John R. Heckmann

Mailing Address 325 Eastwood Drive

City

Cutchogue

State

NY

Zip Code

11935-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540271819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Jenny S. Louie

Mailing Address 72-16 267th Street

City

Floral Park

State

NY

Zip Code

11004-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540331819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

888.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 225 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph Marotta

Mailing Address 527 Shore Drive

City

Oakdale

State

NY

Zip Code

11769-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540381819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew W. Rawding

Mailing Address 19 Herald Drive

City

Queensbury

State

NY

Zip Code

12804-9187

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540601819

Amount of Each Receipt this Period

585.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Gloria Sohn

Mailing Address 4 Timber Trail

City

Suffern

State

NY

Zip Code

10901-1602

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540731819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

860.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 226 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Beverly Stewart

Mailing Address 215 W 88th 3G

City

New York

State

NY

Zip Code

10024-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540751819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Adrian L. Williams

Mailing Address 20008 Northwest 85th Avenue

City

Miami

State

FL

Zip Code

33015-6933

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: PR540801819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Dusty G. Woods

Mailing Address 1203 Shadow Way

City

Greenville

State

SC

Zip Code

29615-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540811819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 227 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Gerrard

Mailing Address 11853 Brookglen Drive

City

Sandy

State

UT

Zip Code

84092-7147

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR540941819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony Chee

Mailing Address 4978 Kokomo Drive

City

Sacramento

State

CA

Zip Code

95835-1806

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR541041819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ernest L. Martell

Mailing Address 15980 Bear Valley Road

City

Victorville

State

CA

Zip Code

92395-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR541819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

395.06

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Joanne Petretto

Mailing Address 1468 West Street

City

Gulford

State

CT

Zip Code

06437-1075

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR542111819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Elaine E. Hayden

Mailing Address 116 Sunset Drive

City

Hempstead

State

NY

Zip Code

11550-4729

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR542181819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jude A. Watters

Mailing Address 152 North Durbin
Suite 318

City

Casper

State

WY

Zip Code

82601-1960

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: PR542231819

Amount of Each Receipt this Period

200.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 229 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. B. S. Hadley

Mailing Address 482 Acorn Lane

City

Shelburne

State

VT

Zip Code

05482-6393

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542251819

Amount of Each Receipt this Period

160.00

P/R Deduction (\$30.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Les Glankler

Mailing Address 4806 Willowick Boulevard

City

Alexandria

State

LA

Zip Code

71303-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542421819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kerri B. Beslin

Mailing Address 11618 Old Jeanerette Road

City

Jeanerette

State

LA

Zip Code

70544-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542431819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 230 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Bohne

Mailing Address 281 Moonraker Drive

City

Slidell

State

LA

Zip Code

70458-5524

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 ▼

188.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542441819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne Thomas

Mailing Address 29 Cycas Drive

City

Kenner

State

LA

Zip Code

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542491819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Hartman

Mailing Address 1351 Fairway

City

Kyle

State

TX

Zip Code

78640-8767

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 ▼

435.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542561819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

663.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 231 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Teresa B. Toner

Mailing Address 621 Westview

City

El Paso

State

TX

Zip Code

79912-4920

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542601819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Jan Ragland

Mailing Address 13631 Flagstone Lane

City

Dallas

State

TX

Zip Code

75240-5820

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542611819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bob Magers

Mailing Address 4513 San Carlos

City

Dallas

State

TX

Zip Code

75205-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542641819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

415.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 232 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Susan P. Helmers

Mailing Address 717 N 2nd Street

City

Knoxville

State

IA

Zip Code

50138-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542711819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Aeramy Porter

Mailing Address 8024 Greenbriar Court

City

Wichita

State

KS

Zip Code

67226-1834

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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542821819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Wesley M. Teterud

Mailing Address 11613 E 48th

City

Spokane

State

WA

Zip Code

99206-9494

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 ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542841819

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

638.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 233 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ben Freedman

Mailing Address 143 Amoretti

City

Lander

State

WY

Zip Code

82520-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542861819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Yara Nash

Mailing Address 2044 South 6th Avenue

City

Yuma

State

AZ

Zip Code

85364-6413

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 ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542901819

Amount of Each Receipt this Period

102.00

P/R Deduction (\$17.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Neal L. Waters

Mailing Address 213 Sawtelle Street

City

Henderson

State

NV

Zip Code

89074-5391

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542921819

Amount of Each Receipt this Period

140.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

542.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Larry L. Crafton

Mailing Address 10305 Northeast 20th Circle

City

Vancouver

State

WA

Zip Code

98664-4367

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR542971819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Khashayar Dowlatshahi

Mailing Address 14430 Benefit Street
North 101

City

Sherman Oaks

State

CA

Zip Code

91423-4057

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR543131819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. William R. Lindsey

Mailing Address 664 South Wabash Avenue

City

Redlands

State

CA

Zip Code

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 ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR543231819

Amount of Each Receipt this Period

750.00

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1025.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 235 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David Ray

Mailing Address 4913 Creekbend Road

City

Crp Christi

State

TX

Zip Code

78413-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR543321819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David Brody

Mailing Address 453 Miller Creek Avenue

City

San Rafael

State

CA

Zip Code

94903-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR543401819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda Hulbert

Mailing Address PO Box 81402

City

Fairbanks

State

AK

Zip Code

99708-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5441819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

530.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 236 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael F. 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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR547621819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ron W. Farr

Mailing Address 5791 La Jolla Corona Drive

City

La Jolla

State

CA

Zip Code

92037-7444

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR547651819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kris Gulbran

Mailing Address 3236 Cascadia Avenue S

City

Seattle

State

WA

Zip Code

98144-7024

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR547671819

Amount of Each Receipt this Period

200.02

P/R Deduction (\$41.67 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1500.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Todd Purich

Mailing Address 6332 Battlevue Drive

City

Raleigh

State

NC

Zip Code

27613-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.01

Date of Receipt

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

Transaction ID: PR547681819

Amount of Each Receipt this Period

650.01

P/R Deduction (\$166.67 Mo-
nthly)**B.**

Full Name (Last, First, Middle Initial)

Mr. R. D. Rasmussen

Mailing Address 9432 Villa Isle Circle

City

Villa Park

State

CA

Zip Code

92861-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: PR547691819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey E. Thol

Mailing Address 736 High Street

City

Honesdale

State

PA

Zip Code

18431-1738

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

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

Transaction ID: PR547711819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1300.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 238 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael B. Marshall

Mailing Address 57 Sunset Drive

City

North Salem

State

NY

Zip Code

10560-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Research

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR551819

Amount of Each Receipt this Period

182.00

P/R Deduction (\$14.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Missy Gaynor

Mailing Address 180 Peace Acre Lane

City

Stratford

State

CT

Zip Code

06497-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5571819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Frank Scarpa

Mailing Address 5 Abbington Way

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5591819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1432.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 239 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Roberto Recine

Mailing Address 12800 Cumberland Circle

City

Anchorage

State

AK

Zip Code

99516-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5611819

Amount of Each Receipt this Period

260.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Akshay Madan

Mailing Address 775 Oneida Trail

City

Franklin Lakes

State

NJ

Zip Code

07417-2216

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 ▼

1434.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5651819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert F. Terry

Mailing Address 8 Pinnacle Drive

City

East Walpole

State

MA

Zip Code

02032-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566141819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1410.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 240 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael F. Broderick Cfp

Mailing Address 170 Clapboard Tree Street

City

Westwood

State

MA

Zip Code

02090-2906

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566151819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Don L. Lippencott

Mailing Address 123 Old Post Road
Box 596

City

Port Jefferson

State

NY

Zip Code

11777-0596

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566161819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff Perryman

Mailing Address 270 Spectacular Street

City

Henderson

State

NV

Zip Code

89052-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566171819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1600.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James M. Smith

Mailing Address 6414 Hickorycrest Drive

City

Spring

State

TX

Zip Code

77389-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: PR566281819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$50.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Mark Liebelt

Mailing Address 1522 17th Avenue

City

Grafton

State

WI

Zip Code

53024-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
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: PR566311819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$83.34 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Laura Hogan

Mailing Address 119 Apple Hill Road

City

Brewster

State

NY

Zip Code

10509-6162

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Cvp - Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: PR566341819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 242 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Oswald C. Francis

Mailing Address PO Box 743

City

Elmont

State

NY

Zip Code

11003-0743

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 ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566471819

Amount of Each Receipt this Period

100.02

P/R Deduction (\$16.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Marc I. Rosenthal

Mailing Address 8207 Pinestone Court

City

Williamsville

State

NY

Zip Code

14221-8540

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR566481819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sproule

Mailing Address 16 Middle Beach Road

City

Madison

State

CT

Zip Code

06443-3053

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
E.V.P. & Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5701819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1220.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 243 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jefferson C. Boyce

Mailing Address 28 Inwood Street

City

Yonkers

State

NY

Zip Code

10704-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Managing Director

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575121819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Ms. Barbara J. McNerney

Mailing Address 35 Sutton Place
Apt. 4E

City

New York

State

NY

Zip Code

10022-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Svp - Corporate Compliance

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575131819

Amount of Each Receipt this Period

500.11

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

C.

Full Name (Last, First, Middle Initial)

Mr. William J. Burns

Mailing Address 10 Valley Pond Road

City

Katonah

State

NY

Zip Code

10536-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

323.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575141819

Amount of Each Receipt this Period

174.98

P/R Deduction (\$13.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1175.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 244 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Ceci

Mailing Address 1007 Hilala Street

City

Honolulu

State

HI

Zip Code

96825-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575171819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph K. Sklar

Mailing Address 6632 Liggett Drive

City

Oakland

State

CA

Zip Code

94611-3204

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5751819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David L. Mussehl

Mailing Address 2020 Main Street Suite 200

City

Irvine

State

CA

Zip Code

92614-8220

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575221819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

1340.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 245 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Cheong H. Tsang

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

Senior Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575251819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Ms. Marilyn W. Arnold

Mailing Address 32 Fieldstone Lane
Box 812

City

Medford

State

NJ

Zip Code

08055-3515

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 ▼

865.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575501819

Amount of Each Receipt this Period

500.11

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

C.

Full Name (Last, First, Middle Initial)

Mr. Bradley J. Jensen

Mailing Address 5004 Itasca Street

City

Lubbock

State

TX

Zip Code

79416-1225

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 ▼

1741.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575541819

Amount of Each Receipt this Period

1000.09

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

SUBTOTAL of Receipts This Page (optional)

2500.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 246 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William J. Terry, III

Mailing Address 43 Winchester Road

City

Arlington

State

MA

Zip Code

02474-1019

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575551819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. William F. Murphy

Mailing Address 233 Linkside Circle

City

Ponte Vedra

State

FL

Zip Code

32082-2034

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575561819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. David A. Odom

Mailing Address 24719 Bogey Ridge

City

San Antonio

State

TX

Zip Code

78260-4805

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575571819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 247 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James B. Moore

Mailing Address 13413 Wyngate Point

City

San Diego

State

CA

Zip Code

92130-1347

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575591819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin E. Boland

Mailing Address 3993 Howard Hughes Parkway
#500

City

Las Vegas

State

NV

Zip Code

89169-6700

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 ▼

1566.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575601819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Eric Cox

Mailing Address 136 Cape May Lane

City

Mount Pleasant

State

SC

Zip Code

29464-6500

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575611819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

1520.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 248 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Hugh J. Smith

Mailing Address 10 Rock Road

City

Attleboro

State

MA

Zip Code

02703-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR575631819

Amount of Each Receipt this Period

520.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Hynes

Mailing Address 6 Cliftwood Drive

City

Huntington

State

NY

Zip Code

11743-2103

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5781819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Troeller

Mailing Address 12 Crape Myrtle Drive

City

Holmdel

State

NJ

Zip Code

07733-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5821819

Amount of Each Receipt this Period

455.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1079.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 249 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark W. Pfaff

Mailing Address 330 Stockbridge Road

City

Charlotte

State

VT

Zip Code

05445-9356

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.25

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR5841819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Nicola Iannitelli

Mailing Address 148 Brittany Court

City

Clifton

State

NJ

Zip Code

07013-2672

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 ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR586131819

Amount of Each Receipt this Period

500.11

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Karalius

Mailing Address 139 Sutcliffe Lane

City

Conshohocken

State

PA

Zip Code

19428-1457

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 ▼

470.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR586141819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1750.32

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Frank Lusk

Mailing Address 15185 Wood Duck Trail Northwest

City

Prior Lake

State

MN

Zip Code

55372-3209

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 ▼

2000.18

Date of Receipt

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

Transaction ID: PR586151819

Amount of Each Receipt this Period

1000.09

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

Full Name (Last, First, Middle Initial)

Mr. Arvind Shah

Mailing Address 212 24th Court Southwest

City

Winter Haven

State

FL

Zip Code

33880-2412

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: PR5861819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$208.32 Mo-
nthly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Scot R. Bradstreet

Mailing Address PO Box 415

City

Stratham

State

NH

Zip Code

03885-0415

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 ▼

1200.00

Date of Receipt

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

Transaction ID: PR601819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Mo-
nthly)**SUBTOTAL** of Receipts This Page (optional)

1850.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 251 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bernard J. Zweig

Mailing Address 393 West End Avenue
Apt. 9D

City State Zip Code
New York NY 10024-6141

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 ▼

1166.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6021819

Amount of Each Receipt this Period

666.70

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. G. Janardhanan

Mailing Address 201 New Wilmot Road

City State Zip Code
Scarsdale NY 10583-6144

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6051819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jonathan T. Paone

Mailing Address 57 Van Doren Avenue

City State Zip Code
Chatham NJ 07928-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR605961819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

1041.86

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dale Lazzarone

Mailing Address 4165 Caughlin Parkway

City

Reno

State

NV

Zip Code

89509-0601

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.64

Date of Receipt

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

Transaction ID: PR606031819

Amount of Each Receipt this Period

133.66

P/R Deduction (\$23.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Mario W. Lazzaro, Jr.

Mailing Address 74 Sequams Lane W

City

West Islip

State

NY

Zip Code

11795-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

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

Transaction ID: PR6061819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Pedro R. Marte

Mailing Address 3 George Court

City

Easton

State

PA

Zip Code

18045-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

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

Transaction ID: PR606311819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

383.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 253 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline T. Roccasecca

Mailing Address 34 Delaware Lane

City

Branchburg

State

NJ

Zip Code

08876-5448

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR606321819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jalil R. Dawson

Mailing Address 2 Fisher Drive
Apt. 108

City

Mount Vernon

State

NY

Zip Code

10552-3633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Marketing Services

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR606371819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul M. Holmes

Mailing Address 3200 Beechleaf Court
Suite 820

City

Raleigh

State

NC

Zip Code

27604-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

870.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR606411819

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

750.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 254 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William E. Mahoney, Jr., Jr.

Mailing Address 936 Intracostal Drive
Apt. 14F

City State Zip Code
Fort Lauderdale FL 33304-3666

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR611819

Amount of Each Receipt this Period

1000.00

P/R Deduction (\$1000.00
Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John S. Hamel

Mailing Address 184 Perry Avenue

City State Zip Code
Norwalk CT 06850-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Meetings

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.66

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR611891819

Amount of Each Receipt this Period

240.46

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

C.

Full Name (Last, First, Middle Initial)

Mr. Johnson Kho

Mailing Address 110 Westminster Road

City State Zip Code
Scarsdale NY 10583-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6121819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1540.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 255 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Lester M. Wolf

Mailing Address 269 S Robinson Street

City

Baltimore

State

MD

Zip Code

21224-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR612981819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Faylin M. Rodney

Mailing Address 116-72 232nd Street

City

Jamaica

State

NY

Zip Code

11411-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613061819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Border

Mailing Address 12720 Crown Crest Drive

City

Bakersfield

State

CA

Zip Code

93311-8568

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613091819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1306.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 256 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Sean M Starling

Mailing Address 4957 Lockraven Drive

City

Winston-Salem

State

NC

Zip Code

27104-2417

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613141819

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ralph P. Owen

Mailing Address 3317 Highway 63

City

Bloomfield

State

IA

Zip Code

52537-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613271819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Drynan

Mailing Address 2409 W Chadwick Court

City

Spokane

State

WA

Zip Code

99208-4466

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613301819

Amount of Each Receipt this Period

120.18

P/R Deduction (\$20.03 Monthly)

SUBTOTAL of Receipts This Page (optional)

495.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 257 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alan Pottebaum

Mailing Address 29 Laura Drive

City

Lemars

State

IA

Zip Code

51031-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613381819

Amount of Each Receipt this Period

240.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ross Inciong

Mailing Address 14424 37 Avenue Apt. 5J

City

Flushing

State

NY

Zip Code

11354-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613441819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Travis D. Hite

Mailing Address 103 Dekalb Street

City

Staten Island

State

NY

Zip Code

10304-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613461819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 258 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bob Chrisman

Mailing Address 2660 Augusta #G303

City

Houston

State

TX

Zip Code

77057-5867

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613631819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Larry E. Botts

Mailing Address 3015 E Leestown Road

City

Midway

State

KY

Zip Code

40347-9769

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613771819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Donald E. Lippencott

Mailing Address 10 Hawkins Avenue

City

Setauket

State

NY

Zip Code

11733-3911

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613821819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1550.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 259 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Satish Patel

Mailing Address 7383 West 81st Street

City

Westchester

State

CA

Zip Code

90045-2442

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613851819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis Poulos

Mailing Address 14111 Fenton Road

City

Fenton

State

MI

Zip Code

48430-1539

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613921819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Allen W. St Amour

Mailing Address 578 Brakel Point Drive

City

Traverse City

State

MI

Zip Code

49684-8292

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613931819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 260 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Les J. Marsh

Mailing Address PO Box 1792

City

Great Falls

State

MT

Zip Code

59403-1792

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR613961819

Amount of Each Receipt this Period

2000.00

P/R Deduction (\$2000.00
Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jeff Willis

Mailing Address 320 West Cherry Street
Box 36

City

Shelby

State

NE

Zip Code

68662-0036

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614021819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff Mason

Mailing Address 12 Heather Street

City

Manchester

State

NH

Zip Code

03104-2037

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614051819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

2274.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 261 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gregory E. Williams

Mailing Address 48 Mount Vernon Street

City

Somersworth

State

NH

Zip Code

03878-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614061819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Sandra Udasco

Mailing Address 25 Ardsley Court

City

East Brunswick

State

NJ

Zip Code

08816-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614131819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gregory P. Genovese

Mailing Address 14 Woodcutters Lane

City

Cold Spring Harbor

State

NY

Zip Code

11724-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614161819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

490.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 262 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sybilla C. Ruark Lenz

Mailing Address RR 1 Box 1530

City

Factoryville

State

PA

Zip Code

18419-9778

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614191819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Randall D. Hart

Mailing Address 3547 State Route 7

City

New Waterford

State

OH

Zip Code

44445-8719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614241819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Russell Bicker

Mailing Address 125 Poplar Forest Drive

City

Slippery Rock

State

PA

Zip Code

16057-8527

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614351819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Pereira

Mailing Address 2815 E 10th Street

City

the Dalles

State

OR

Zip Code

97058-4020

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

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

Transaction ID: PR614371819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Alvin R. Barnett

Mailing Address 126 Meadow Street

City

Garden City

State

NY

Zip Code

11530-6600

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: PR614401819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Scott B. Kimmel

Mailing Address 1187 Lebanon Church Road

City

Mount Sidney

State

VA

Zip Code

24467-2417

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

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

Transaction ID: PR614421819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

875.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 264 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dave Holdinghausen

Mailing Address 601 American Inn Road

City

Villa Ridge

State

MO

Zip Code

63089-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614451819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rodney S. Ferguson

Mailing Address 466 Blackwolf Run Drive

City

Wildwood

State

MO

Zip Code

63040-1571

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 ▼

866.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614461819

Amount of Each Receipt this Period

716.68

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Stockton

Mailing Address 3545 32nd Street

City

San Diego

State

CA

Zip Code

92104-4304

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 ▼

322.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614491819

Amount of Each Receipt this Period

208.36

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1075.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 265 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Kanaley

Mailing Address 150 Lenox Way

City

San Francisco

State

CA

Zip Code

94127-1113

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 ▼

516.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614521819

Amount of Each Receipt this Period

266.68

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Cheryl N Nguyen

Mailing Address 545 East St. John Street

City

San Jose

State

CA

Zip Code

95112-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614591819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. William S. Bennett, Jr., Jr.

Mailing Address 20708 Northeast 90th Street

City

Redmond

State

WA

Zip Code

98053-5205

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614661819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

916.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 266 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert J. Poindexter

Mailing Address 351 Janie Lane

City

Shreveport

State

LA

Zip Code

71106-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614691819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Edward C. Han

Mailing Address 5619 Blackoak Court

City

Stockton

State

CA

Zip Code

95207-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614721819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. William Schultz

Mailing Address PO Box 489

City

Shelton

State

WA

Zip Code

98584-0489

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614741819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 267 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul J. Haye

Mailing Address 6475 Dowling Road

City

Perrysburg

State

OH

Zip Code

43551-9514

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 ▼

350.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614751819

Amount of Each Receipt this Period

200.01

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Ruh

Mailing Address 23702 Steintal Road

City

Kiel

State

WI

Zip Code

53042-4994

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614851819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Harvey C. Krautschun

Mailing Address PO Box 157

City

Spearfish

State

SD

Zip Code

57783-0157

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 ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614861819

Amount of Each Receipt this Period

361.00

P/R Deduction (\$361.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1561.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 268 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark J. McAdams

Mailing Address 2402 Laureldale Park Lane

City

Spring

State

TX

Zip Code

77386-2974

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR614971819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna Knasiak

Mailing Address 33 Yale Square

City

Morton

State

PA

Zip Code

19070-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615081819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brad Burton

Mailing Address 11050 Vale Road

City

Oakton

State

VA

Zip Code

22124-1434

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615091819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 269 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher Jones

Mailing Address 25723 Bridle Creek Dr. N

City

Magnolia

State

TX

Zip Code

77355-5879

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615121819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

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

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6151819

Amount of Each Receipt this Period

500.11

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

C.

Full Name (Last, First, Middle Initial)

Mr. Boyd Phillips

Mailing Address 14191 Highway 221

City

Marion

State

NC

Zip Code

28752-7552

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615261819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 270 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Nelson

Mailing Address 102 Arlington Road

City

Utica

State

NY

Zip Code

13501-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615301819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lynn Fedor

Mailing Address 115 Peninsula Drive

City

Peachtree City

State

GA

Zip Code

30269-6646

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615431819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kurt Anderson

Mailing Address 13038 Village Chase Circle

City

Tampa

State

FL

Zip Code

33618-8359

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1115.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615471819

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

900.13

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 271 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher J. Kolbeck

Mailing Address 11 Mountain Laurel Way

City

Azusa

State

CA

Zip Code

91702-6265

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Development Manager

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615591819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jonathan B. Swaney

Mailing Address 3 Muirfield Road

City

Falmouth

State

ME

Zip Code

04105-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615661819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Charles G. Lynch

Mailing Address 143 Waters Edge

City

Congers

State

NY

Zip Code

10920-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615671819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

580.06

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Barry A. Schub

Mailing Address 4 Wren Court

City

Morristown

State

NJ

Zip Code

07960-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Executive Vice President

Aggregate Year-to-Date ▼

884.84

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615691819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Gary S. Burgess

Mailing Address 71 Summerwood Road

City

Holbrook

State

NY

Zip Code

11741-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Systems Consultant

Aggregate Year-to-Date ▼

231.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615711819

Amount of Each Receipt this Period

106.58

P/R Deduction (\$5.00 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Michele M. Kenaga

Mailing Address 3 Pequot Drive

City

Norwalk

State

CT

Zip Code

06855-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

470.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR615721819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

856.81

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Lee C. Scheuer

Mailing Address 75 Cheyenne Point

City

Portola Valley

State

CA

Zip Code

94028-7623

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6191819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Charles Rivera

Mailing Address 2401 N Pershing Street

City

Wichita

State

KS

Zip Code

67220-2908

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 ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6231819

Amount of Each Receipt this Period

154.00

P/R Deduction (\$32.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. Carluccio, Sr., Sr.

Mailing Address 1206 Southwest Catalina Street

City

Palm City

State

FL

Zip Code

34990-3879

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6281819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

529.06

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alan I. Weissbaum

Mailing Address 10912 Northwest 4th Drive

City

Coral Springs

State

FL

Zip Code

33071-8120

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR632051819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ron Rapp

Mailing Address #10 Cottonwood Landing
101 East 4th Street

City

South Sioux City

State

NE

Zip Code

68776-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR632091819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David L. Bangs

Mailing Address 231 Linden Avenue

City

Westfield

State

NJ

Zip Code

07090-1921

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR632141819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

525.08

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alan H. Shortell

Mailing Address 161 Farrington Avenue

City

Sleepy Hollow

State

NY

Zip Code

10591-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR632161819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. James T. Bain

Mailing Address 56 Lorijeane Lane

City

East Northport

State

NY

Zip Code

11731-4120

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

First Vice President

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6321819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gary J. Miller

Mailing Address 869 Slate Hill Road

City

Yardley

State

PA

Zip Code

19067-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Svp

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR632221819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

505.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 276 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Julia A. Warren

Mailing Address 78 Crest Drive

City

South Orange

State

NJ

Zip Code

07079-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6331819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. James J. Coffee

Mailing Address 327 Lakeside Dr. N

City

Forked River

State

NJ

Zip Code

08731-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Assistant Vice President - Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6371819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Ms. Diane H. Gould

Mailing Address 1102 Prospect Hill Place

City

Rockville

State

MD

Zip Code

20850-2868

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6381819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1750.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 277 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bernee V. Kapili M.D.

Mailing Address 200 East End Avenue
Apt. 14G

City State Zip Code
New York NY 10128-7891

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642421819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Paul B. Whitman

Mailing Address 29 Broad Hill Circle

City State Zip Code
Guilford CT 06437-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642471819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Muratore

Mailing Address 96 Highland Avenue

City State Zip Code
Port Washington NY 11050-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642481819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

875.29

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 278 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Arthur H. Seter

Mailing Address 1 Merion Drive

City

State

Zip Code

Purchase

NY

10577-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp & Deputy Chief Investment Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642661819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Ms. Carol S. Mayer

Mailing Address 27 Spook Ridge Road

City

State

Zip Code

U Saddle River

NJ

07458-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

V.P. & Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.50

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642681819

Amount of Each Receipt this Period

250.25

P/R Deduction (\$19.25 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul K. Cunningham

Mailing Address 42 Strickland Place

City

State

Zip Code

Manhasset

NY

11030-2717

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642691819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

875.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 279 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gilberto Valdes

Mailing Address 650 6th Avenue

City

New Hyde Park

State

NY

Zip Code

11040-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Legislative Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642721819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth W. McCarthy

Mailing Address 124 College Place

City

South Orange

State

NJ

Zip Code

07079-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1884.80

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642731819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Ms. Janet M. Dolan

Mailing Address 305 W 98th Street
Apt. 1En

City

New York

State

NY

Zip Code

10025-5558

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642741819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

1250.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 280 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gary W. Scofield

Mailing Address 45 Blydenberg Lane

City

Stonybrook

State

NY

Zip Code

11790-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Vice President & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR642751819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Arnheiter

Mailing Address 220 N Falmouth Highway

City

North Falmouth

State

MA

Zip Code

02556-3102

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6451819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Tommy Ingram

Mailing Address 114 Coldwater Lane

City

Austin

State

TX

Zip Code

78734-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR645401819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1400.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 281 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas W. Pelz

Mailing Address 2404 Thomas Hill Drive

City

Coeur D Alene

State

ID

Zip Code

83815-6334

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR645431819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Alvin Franklin

Mailing Address 5955 Westmore Drive

City

Jackson

State

MS

Zip Code

39206-2208

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 ▼

218.82

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR645451819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Ellen M. Coletto

Mailing Address 61 Chester Avenue

City

Brooklyn

State

NY

Zip Code

11218-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR647101819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

750.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Dirago

Mailing Address 48 Raemont Road

City

Granite Springs

State

NY

Zip Code

10527-1112

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 ▼

208.10

Date of Receipt

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

Transaction ID: PR647111819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Dorothea Rodd

Mailing Address 14 Old Neck Court

City

Manorville

State

NY

Zip Code

11949-3238

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 ▼

260.00

Date of Receipt

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

Transaction ID: PR647121819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Harry W. DeHaven

Mailing Address 9065 Bethel Road

City

Gainesville

State

GA

Zip Code

30506-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

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

Transaction ID: PR647191819

Amount of Each Receipt this Period

250.12

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

SUBTOTAL of Receipts This Page (optional)

510.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 283 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Foster

Mailing Address 5707 Sodus Shores

City

Sodus

State

NY

Zip Code

14551-9610

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR647201819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Steven M. Jacobsberg

Mailing Address 23 Hampton Court

City

Port Washington

State

NY

Zip Code

11050-3020

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 ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR652051819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Laura A. Sheldon

Mailing Address 3 Cauldwell Street

City

Eastchester

State

NY

Zip Code

10709-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Applications Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR652061819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 284 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nicholas E. Pasyanos

Mailing Address 58 Watergate Drive

City

Amawalk

State

NY

Zip Code

10501-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President & Actuary

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR652111819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark Watts

Mailing Address 3568 Huntertown Road

City

Allison Park

State

PA

Zip Code

15101-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Partner

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654331819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Puneet Seth

Mailing Address 2 Betsy Ross Court

City

East Brunswick

State

NJ

Zip Code

08816-3264

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Partner

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654341819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 285 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Curry

Mailing Address 905 Foxhollow Run

City

Alpharetta

State

GA

Zip Code

30004-0959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior V.P. - South Central Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654351819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Brett A. Nanna

Mailing Address 12102 Golden Harvest Drive

City

Fort Wayne

State

IN

Zip Code

46845-8995

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654381819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel F. Clements

Mailing Address 600 Rosinccress Court

City

San Ramon

State

CA

Zip Code

94582-5079

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 ▼

865.61

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654391819

Amount of Each Receipt this Period

500.11

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

SUBTOTAL of Receipts This Page (optional)

1630.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 286 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ashwani K. Rana

Mailing Address 637 Norante Court

City

Pleasanton

State

CA

Zip Code

94566-2234

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 ▼

798.27

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654411819

Amount of Each Receipt this Period

500.11

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

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Park

Mailing Address 11602 Forest Hills Court

City

Fairfax

State

VA

Zip Code

22030

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654441819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brian R. Lescinskas

Mailing Address 9737 E Mount Pleasant Drive

City

Tucson

State

AZ

Zip Code

85749-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654481819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

760.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 287 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Tortora

Mailing Address 303 Saint Cloud Avenue

City

West Orange

State

NJ

Zip Code

07052-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Ips Budget

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654511819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Juan R. Job

Mailing Address 4571 S Abilene Circle

City

Aurora

State

CO

Zip Code

80015-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Cultural Markets Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654571819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Brooks Cowan

Mailing Address 60 Pineapple Street
8F

City

Brooklyn

State

NY

Zip Code

11201-6841

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Financial Systems Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654631819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

575.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 288 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Hillsberg

Mailing Address 2 Phyllis Court

City

Sayville

State

NY

Zip Code

11782-2200

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654641819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Raghu Rangachar

Mailing Address 5 Yale Terrace

City

Montclair

State

NJ

Zip Code

07042-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR654661819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Ms. CANDE OLSEN

Mailing Address 85 Canterbury Road

City

Chatham

State

NJ

Zip Code

07928-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp - Regulatory Modernization

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6561819

Amount of Each Receipt this Period

615.44

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

SUBTOTAL of Receipts This Page (optional)

865.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 289 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony R. Malloy

Mailing Address 329 Beechwood Road

City

Ridgewood

State

NJ

Zip Code

07450-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Managing Director

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6581819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Ms. Sheila K. Davidson

Mailing Address 45 East Ninth Street
Apt. 6/7

City

New York

State

NY

Zip Code

10003-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

E.V.P., Clo & General Counsel

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6591819

Amount of Each Receipt this Period

1000.09

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

C.

Full Name (Last, First, Middle Initial)

Mr. Verne Brakke

Mailing Address 624 N Jackson

City

Pierre

State

SD

Zip Code

57501-2314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR659791819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1400.21

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 290 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Wesley Morris

Mailing Address 789 Rock Springs Road

City

Kingsport

State

TN

Zip Code

37664-5265

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR659871819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Victoria C. Buhrow

Mailing Address 21 81st Avenue

City

Treasure Island

State

FL

Zip Code

33706-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR660211819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Jean-Louis M. Pedat

Mailing Address 148 West 70th Street
Apt. 8

City

New York

State

NY

Zip Code

10023-4412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Internet Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR660221819

Amount of Each Receipt this Period

520.00

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

SUBTOTAL of Receipts This Page (optional)

1095.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 291 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John A. Cullen

Mailing Address 527 Parkview Avenue

City

Westfield

State

NJ

Zip Code

07090-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp Controller & Chief Accounting Off.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: PR660231819

Amount of Each Receipt this Period

260.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert A. MCLOUGHLIN

Mailing Address 6 Hollywood Drive

City

Dobbs Ferry

State

NY

Zip Code

10522-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: PR660241819

Amount of Each Receipt this Period

225.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Helen M. Napoli

Mailing Address 2 Oxford Road

City

North Caldwell

State

NJ

Zip Code

07006-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: PR660251819

Amount of Each Receipt this Period

325.00

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

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 292 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nathan W. Fincher

Mailing Address 206 Casting Street Southeast

City

Albany

State

OR

Zip Code

97322-7347

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1919.39

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR660261819

Amount of Each Receipt this Period

1000.09

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

B.

Full Name (Last, First, Middle Initial)

Mr. Leonard J. Mackesy

Mailing Address 8 Hillside Avenue

City

Kearny

State

NJ

Zip Code

07032-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR660271819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Ms. Shirley A. Oneal

Mailing Address 903 Yorkshire Drive

City

Flemington

State

NJ

Zip Code

08822-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Computer Operations Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6631819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

1450.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 293 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Warga

Mailing Address 2500 Abbey Lane

City

Seaford

State

NY

Zip Code

11783-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Svp & General Auditor

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6691819

Amount of Each Receipt this Period

325.00

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

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen Knowles

Mailing Address 1904 Greenhill Road

City

Lansdowne

State

PA

Zip Code

19050-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Development Manager

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669761819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Rychard F. Mysliwiec

Mailing Address 82 Rolling Meadow Drive

City

Holliston

State

MA

Zip Code

01746-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Partner

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669781819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

559.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 294 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Quarella, Jr.

Mailing Address 134 Paugus Road

City

Holden

State

MA

Zip Code

01520-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669791819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. MARK Rodden

Mailing Address 2641 Freeman Manor Drive

City

Jones

State

OK

Zip Code

73049-8703

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 ▼

1153.95

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669801819

Amount of Each Receipt this Period

153.86

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

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy M. Babbert

Mailing Address 1 Crimson King Trail

City

Flemington

State

NJ

Zip Code

08822-1993

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669821819

Amount of Each Receipt this Period

101.00

P/R Deduction (\$5.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

384.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 295 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Vincent J. Palma

Mailing Address 13 Randall Road

City

Wading River

State

NY

Zip Code

11792-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669831819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Sheffield

Mailing Address 4016 Five Oaks Court

City

Charlotte

State

NC

Zip Code

28227-9272

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Life Product Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669851819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lyle D. Wilcox

Mailing Address 2739 Berkley Lane

City

Frisco

State

TX

Zip Code

75034-4333

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Zone Life Sales Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669871819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 296 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Simpson

Mailing Address 7806 Hampton Meadows Lane

City

Chesterfield

State

VA

Zip Code

23832-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669891819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Edward A. Davis, Jr.

Mailing Address 4908 Hastings Street

City

Metairie

State

LA

Zip Code

70006-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669901819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-W-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John D. Garnett

Mailing Address 1009 Seminole Highway

City

Madison

State

WI

Zip Code

53711-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior G.O. Agency Standards Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669911819

Amount of Each Receipt this Period

110.50

P/R Deduction (\$8.50 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

365.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 297 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ira Goodkin

Mailing Address 743 S Elmwood Avenue

City

Oak Park

State

IL

Zip Code

60304-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669921819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Roy H. Morris

Mailing Address 5000 E Havenhill Drive

City

Sioux Falls

State

SD

Zip Code

57110-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669931819

Amount of Each Receipt this Period

104.00

P/R Deduction (\$8.00 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Frank S. Harman

Mailing Address 3425 Ashmeade Drive

City

Roanoke

State

VA

Zip Code

24018-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669941819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 298 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Reeves

Mailing Address 202 Owens Park Drive

City

Houston

State

TX

Zip Code

77094-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669951819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Samuel L. Bridgeman

Mailing Address 6022 Claridge Drive

City

Houston

State

TX

Zip Code

77096-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669961819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Allen A. Hensley

Mailing Address 4904 Lakeland Drive

City

Frisco

State

TX

Zip Code

75035-8237

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR669991819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 299 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Harold A. Van Vleet

Mailing Address 9415 Layton Avenue Northeast

City

Albuquerque

State

NM

Zip Code

87111-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670001819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald O. McCombs

Mailing Address 1663 Baywood Drive

City

Concord

State

CA

Zip Code

94521-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670031819

Amount of Each Receipt this Period

325.00

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

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth W. Schiller

Mailing Address 19116 E Terrapin Lane

City

Otis Orchards

State

WA

Zip Code

99027-8211

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670061819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

580.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 300 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Marci P. Landaas

Mailing Address 11932 Middlebury Drive

City

Tampa

State

FL

Zip Code

33626-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.42

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670071819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Ms. Cheryl Hilton

Mailing Address 7380 Live Oak Drive

City

Riverside

State

CA

Zip Code

92509-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670101819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Smith

Mailing Address 5 Dayton Circle

City

Trumbull

State

CT

Zip Code

06611-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Product Promotions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.48

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670111819

Amount of Each Receipt this Period

146.48

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

526.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 301 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy J. Leahy

Mailing Address 10 Lenway Road

City

Byfield

State

MA

Zip Code

01922-1301

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670121819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Alexander A. Burbatsky

Mailing Address 9 Stepping Stone Crescent

City

Dix Hills

State

NY

Zip Code

11746-5011

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670131819

Amount of Each Receipt this Period

250.12

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

C.

Full Name (Last, First, Middle Initial)

Mr. Vincent J. Maier

Mailing Address 199 Peckslip Road

City

Holmes

State

NY

Zip Code

12531-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Manager - Computer Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670141819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

500.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 302 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen A. Bloom

Mailing Address 40 Southall Lane

City

Red Bank

State

NJ

Zip Code

07701-5761

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President & Chief Underwriter

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6701819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert E. Tabick

Mailing Address 21 Taft Court

City

Livingston

State

NJ

Zip Code

07039-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670201819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Ladonna B. Carr

Mailing Address 148 67th Street

City

West New York

State

NJ

Zip Code

07093-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Employee Counselor & Ada Coordinator

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670211819

Amount of Each Receipt this Period

15.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

390.18

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 531

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. Terry

Mailing Address 55 Rustic Gate Lane

City

Dix Hills

State

NY

Zip Code

11746-6138

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670261819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis V. Westgard

Mailing Address 1819 Kent Street

City

Westbury

State

NY

Zip Code

11590-5305

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670291819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Stauffer

Mailing Address 61 Harvard Oval

City

Freehold

State

NJ

Zip Code

07728-5396

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Assistant Vice President - Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670331819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 304 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Daley

Mailing Address 11 High Point Road

City

Westport

State

CT

Zip Code

06880-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Systems Accounting

Aggregate Year-to-Date ▼

333.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670371819

Amount of Each Receipt this Period

203.92

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

B.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline M. Barton

Mailing Address 36 Windemere Drive

City

Yonkers

State

NY

Zip Code

10710-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Systems Accounting

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670481819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Carlomagno Elinon

Mailing Address 812 Winchester Avenue

City

Hillside

State

NJ

Zip Code

07205-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Actuarial Services

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670491819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

463.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 305 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Peter Brigando

Mailing Address 64 Musiker Avenue

City

Randolph

State

NJ

Zip Code

07869-4610

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670591819

Amount of Each Receipt this Period

250.12

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

B.

Full Name (Last, First, Middle Initial)

Mr. Paul M. Peyser

Mailing Address 10 Kemp Drive

City

Springfield

State

NJ

Zip Code

07081-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670601819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Margaret A. Brady

Mailing Address 9 N Stevens Place

City

Hazlet

State

NJ

Zip Code

07730-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Property Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670621819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

505.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 306 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Susan J. Mullen

Mailing Address 133 E Santa Barbara Road

City

Lindenhurst

State

NY

Zip Code

11757-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Compliance & Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670671819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Jeanne L. Mitchell

Mailing Address 2629 Larchmont Drive

City

Mesquite

State

TX

Zip Code

75150-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Service Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670681819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark A. Gomez

Mailing Address 45 Cedar Street

City

Millburn

State

NJ

Zip Code

07041-2001

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670701819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

500.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Susan A. Thrope

Mailing Address 56 Random Farms Drive

City

Chappaqua

State

NY

Zip Code

10514-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp & Deputy General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.23

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670731819

Amount of Each Receipt this Period

386.23

P/R Deduction (\$38.47 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard P. Bowman

Mailing Address 16 Pelham Avenue

City

Nanuet

State

NY

Zip Code

10954-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670741819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Frederick Nyberg

Mailing Address 1425 Lakeside Court

City

Yakima

State

WA

Zip Code

98902-7354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670881819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

641.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Pettus C. Gibbons

Mailing Address 4028 Dorris Road

City

Irving

State

TX

Zip Code

75038-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Advanced Planning

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670891819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Frederick B. Van Blaricom

Mailing Address 201 E 39th Street

City

Savannah

State

GA

Zip Code

31401-9019

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Development Manager

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670901819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Floyd R. Chapman

Mailing Address 22 Foss Court

City

Walnut Creek

State

CA

Zip Code

94597-6814

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Zone Agency Standards

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670911819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

510.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sonali Virendra

Mailing Address 219 Riverwalk Way

City

Clifton

State

NJ

Zip Code

07014-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670961819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Arthur Keegan

Mailing Address 12 Crest Rd. E

City

Merrick

State

NY

Zip Code

11566-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR670971819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul Quartararo

Mailing Address 30 Westcott Road

City

Stamford

State

CT

Zip Code

06902-8128

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR671001819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Hanna Salvatore

Mailing Address 1 the Glen

City

Tenafly

State

NJ

Zip Code

07670-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Director

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR671011819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. George E. Silos

Mailing Address 385 Larch Avenue

City

Bogota

State

NJ

Zip Code

07603-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Vice President & Actuary

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6711819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kim R. Crossman

Mailing Address PO Box 62

City

South Deerfield

State

MA

Zip Code

01373-0062

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR671819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

370.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth M. Toffolo

Mailing Address 1378 Graymill Drive

City

Scotch Plains

State

NJ

Zip Code

07076-4727

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

237.16

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672081819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark E. Beatty

Mailing Address 45 Evergreen Road

City

Summit

State

NJ

Zip Code

07901-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672101819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark W. Talgo

Mailing Address 5 Stony Hill Road

City

West Harrison

State

NY

Zip Code

10604-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Managing Director

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672131819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

500.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Susan E. Marcus

Mailing Address 188-50J 71st Crescent

City

Fresh Meadows

State

NY

Zip Code

11365-3762

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Business Architecture

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672241819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Alina Levitsky

Mailing Address 35 Seacoast Terrace
#7A

City

Brooklyn

State

NY

Zip Code

11235-6031

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672251819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Byron J. Villacreses

Mailing Address 60 Timber Ridge Drive

City

Coram

State

NY

Zip Code

11727-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Agency Compensation

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672301819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

385.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Sanders H. Ray

Mailing Address 2712 Corby Drive

City

Plano

State

TX

Zip Code

75025-2312

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Administration

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672311819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory F. Appel

Mailing Address 113 Park Road Extension

City

Goldens Brg

State

NY

Zip Code

10526-1144

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Systems

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672421819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dennis M. Cleary

Mailing Address 9343 246th Street

City

Floral Park

State

NY

Zip Code

11001-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Underwriting

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672431819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

645.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Theresa M. Pepe

Mailing Address 875 Route 312

City

Brewster

State

NY

Zip Code

10509-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Systems

Aggregate Year-to-Date ▼

349.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672461819

Amount of Each Receipt this Period

194.74

P/R Deduction (\$14.98 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mitchell P. Ascione

Mailing Address 546 McKinley Terrace

City

Centerport

State

NY

Zip Code

11721-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Service

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672491819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Gail P. Duke

Mailing Address 1401 Ocean Avenue
Apt. 16J

City

Brooklyn

State

NY

Zip Code

11230-3997

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Second Vice President

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672521819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

444.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Eric J. Grossman

Mailing Address 8310 35 Avenue
Apt. 40

City State Zip Code
Jackson Heights NY 11372-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Assistant Vice President - Architectur

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672561819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Kimberly Johnson

Mailing Address 200 Clinton Avenue Northwest
Suite 600

City State Zip Code
Huntsville AL 35801-4933

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 ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672571819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph J. Hogan

Mailing Address 8448 Eagle Preserve Way

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672611819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

700.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy H. Martin

Mailing Address 2974 Judylyn Drive

City

Decatur

State

GA

Zip Code

30033-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR672621819

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Schoen

Mailing Address 84 Silver Spring Road

City

Short Hills

State

NJ

Zip Code

07078-3116

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6751819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Donna J. Caruso

Mailing Address 5253 Willow Court

City

Cape Coral

State

FL

Zip Code

33904-5664

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6781819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

321.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul M. Beggan Clu Chfc

Mailing Address 10 Hartford Street

City

Medfield

State

MA

Zip Code

02052-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR679061819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Karen E. Dann

Mailing Address 520 E 90th Street
4G

City

New York

State

NY

Zip Code

10128-7852

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR679141819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark P. Rosa

Mailing Address 6 Lakeview Avenue

City

West Islip

State

NY

Zip Code

11795-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR679171819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Fred D. Nicolais

Mailing Address 5605 31st Avenue
Apt. 2J

City State Zip Code
Woodside NY 11377-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

G.O. Agency Standards Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR679201819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Dipippo

Mailing Address 16619 Harbor Town Drive

City State Zip Code
Silver Spring MD 20905-4082

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR681819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Margaret DeCesare

Mailing Address 9-5 Foxwood Drive

City State Zip Code
Pleasantville NY 10570-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR686891819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1325.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Roy Murphy

Mailing Address 15 Stewart Avenue

City

Garden City

State

NY

Zip Code

11530-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Financial Analysis

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR686921819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Chandrakant A. Engineer

Mailing Address 65 Michael Lp

City

Staten Island

State

NY

Zip Code

10301-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6891819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John T. Baier

Mailing Address 12 Skytop Drive

City

Denville

State

NJ

Zip Code

07834-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6921819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1280.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. GEORGENE SFRAGA PANZA

Mailing Address 4 Hampton Court

City

Township of Washin

State

NJ

Zip Code

07676-5125

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR6941819

Amount of Each Receipt this Period

80.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Izhak Asher

Mailing Address 29 Center Drive

City

Roslyn

State

NY

Zip Code

11576-1445

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 ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694571819

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lloyd Pomerantz

Mailing Address 57 Marion Avenue

City

Merrick

State

NY

Zip Code

11566-3109

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694591819

Amount of Each Receipt this Period

190.00

P/R Deduction (\$35.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

603.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Harris Kagan

Mailing Address 1608 Pandora Avenue

City

Los Angeles

State

CA

Zip Code

90024-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694621819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Andrew DeCarlo

Mailing Address 109 Laredo Avenue

City

Staten Island

State

NY

Zip Code

10312-3429

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 ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694651819

Amount of Each Receipt this Period

129.00

P/R Deduction (\$23.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Steven Bumbera

Mailing Address 1617 Dumont Terrace

City

Wall

State

NJ

Zip Code

07719-3846

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 ▼

411.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694701819

Amount of Each Receipt this Period

231.67

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

660.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Leonard Isaacs

Mailing Address 66 Boulder Ridge Road

City

Scarsdale

State

NY

Zip Code

10583-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694711819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dominick Vassos

Mailing Address 1311 Joseph Lane

City

Addison

State

IL

Zip Code

60101-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694951819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Tim F. Moore

Mailing Address 1539 Highbluff Drive

City

Diamond Bar

State

CA

Zip Code

91765-2631

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694961819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Todd Middleton

Mailing Address 1203 15th Avenue N

City

Jacksonville Beach

State

FL

Zip Code

32250-3635

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR694991819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Hammond Cobb

Mailing Address 8218 Longneedle Drive

City

Montgomery

State

AL

Zip Code

36117-5125

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 ▼

286.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695081819

Amount of Each Receipt this Period

196.68

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carolyn Mitchell

Mailing Address #8 Granite Circle

City

Roswell

State

NM

Zip Code

88201-3301

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695201819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

446.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Fitzpatrick

Mailing Address 103 Prospect Avenue

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695291819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin Garry

Mailing Address 2208 S Roosevelt Avenue

City

Sioux Falls

State

SD

Zip Code

57106-3237

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695411819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Gary Myers

Mailing Address 10825 Southwest 83 Terrace

City

Augusta

State

KS

Zip Code

67010-8025

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 ▼

1166.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695431819

Amount of Each Receipt this Period

666.70

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1096.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brandon R. Paulseen

Mailing Address 2816 North Tallgrass Street

City

Wichita

State

KS

Zip Code

67226-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695441819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. BRANDON HANDY

Mailing Address 2172 S 825 E

City

Clearfield

State

UT

Zip Code

84015-6246

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695511819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Amy O'Donnell

Mailing Address 4467 Holly Street

City

Springfield

State

OR

Zip Code

97478-6685

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.38

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695561819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Norma Paul

Mailing Address 228 N Heritage Drive

City

Gilbert

State

AZ

Zip Code

85234-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695571819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Peter De La Rambelje

Mailing Address 3198 W Windwalker Place

City

Tucson

State

AZ

Zip Code

85742-5300

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695581819

Amount of Each Receipt this Period

190.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Berge A. Borrevik

Mailing Address N 10727 Elma Drive

City

Spokane

State

WA

Zip Code

99218-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695591819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 531

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Marc Bregman

Mailing Address 11701 E Kettleman Lane

City

Lodi

State

CA

Zip Code

95240-9707

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 ▼

1696.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695701819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Manny Medina

Mailing Address 9419 Seabrook Drive Northeast

City

Albuquerque

State

NM

Zip Code

87111-7407

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 ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695741819

Amount of Each Receipt this Period

123.32

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Diana Dabach

Mailing Address 22246 Ninfa Court

City

Woodland Hills

State

CA

Zip Code

91364-3034

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695821819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1273.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Milo Abadilla

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR695831819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Ms. Leslie C. Griffin

Mailing Address 1301 N Courthouse Road
#906

City

Arlington

State

VA

Zip Code

22201-2535

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 ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696391819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John P. Rafferty

Mailing Address 29 East Avenue

City

New Canaan

State

CT

Zip Code

06840-5517

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 ▼

268.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696471819

Amount of Each Receipt this Period

137.54

P/R Deduction (\$10.58 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

777.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Debbie Y. Moy

Mailing Address 23318 39th Road

City

Douglaston

State

NY

Zip Code

11363-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Product Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696511819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Anna E. Dominguez

Mailing Address 3220 41st Street

City

Astoria

State

NY

Zip Code

11103-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Product Market Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.86

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696531819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Eric J. Hagerstrom

Mailing Address C/O Nylife International
51 Madison Avenue, Room 1016

City

New York

State

NY

Zip Code

10010-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Vice President - Customer Service Asia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696541819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

468.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Phyllis A. Tozzi

Mailing Address 166 E Main Street

City

Bergenfield

State

NJ

Zip Code

07621-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Market Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696571819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Marguerite E. Morrison

Mailing Address 20 West 86th Street
#6A

City

New York

State

NY

Zip Code

10024-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696601819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Victor A. Verastegui

Mailing Address 5404 Avenal Drive

City

Lutz

State

FL

Zip Code

33558-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR696671819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

580.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Bik Y. Tsang

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7001819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Julia Hsiao

Mailing Address 19701 Northampton Drive

City

Saratoga

State

CA

Zip Code

95070-3333

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR706751819

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. William F. Leisman, III, III

Mailing Address 4 Orchard Avenue

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR706801819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1680.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Anil K. Jain

Mailing Address 6 Orleans Court

City

Commack

State

NY

Zip Code

11725-4030

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR706831819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph L. Di Bella

Mailing Address 7 Berkshire Drive

City

East Greenbush

State

NY

Zip Code

12061-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR706871819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jorge Londono

Mailing Address 65-39 108th Street
Apt. F10

City

Forest Hills

State

NY

Zip Code

11375-2214

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR706901819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

413.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joel Steele

Mailing Address 22 Belmont Circle

City

Columbus

State

NJ

Zip Code

08022-9714

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 ▼

875.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707001819

Amount of Each Receipt this Period

625.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Sunil Shah

Mailing Address 820 Morningside Drive

City

Schaumburg

State

IL

Zip Code

60173-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707071819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John A. Christopher

Mailing Address 8251 Pembridge

City

Woodridge

State

IL

Zip Code

60517-7733

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707081819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1025.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. P. J. Demarie, III, III

Mailing Address 24 Woodvine Court

City

Covington

State

LA

Zip Code

70433-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707091819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)**B.**

Full Name (Last, First, Middle Initial)

Mr. James K. Russo

Mailing Address 128 Pembroke Lane

City

Lafayette

State

LA

Zip Code

70508-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707101819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey C. Williams

Mailing Address 317 Sharondale

City

El Paso

State

TX

Zip Code

79912-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707111819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1400.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Glenn Jagodzinske

Mailing Address 6623 Southwest Gisbourne Court

City

Topeka

State

KS

Zip Code

66614-4455

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 ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707131819

Amount of Each Receipt this Period

345.00

P/R Deduction (\$100.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Joe K. Lau

Mailing Address 11278 Del Golfo

City

Yuma

State

AZ

Zip Code

85367-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707161819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Dixon

Mailing Address 5055 Pathfinder

City

Oak Park

State

CA

Zip Code

91377-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707181819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

945.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Don Wilson

Mailing Address 9622 Victor Road

City

Anchorage

State

AK

Zip Code

99515-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707201819

Amount of Each Receipt this Period

750.03

P/R Deduction (\$166.67 Mo-
nthly)**B.**

Full Name (Last, First, Middle Initial)

Mr. James J. Casey

Mailing Address 36 Argyle Place

City

Rockville Center

State

NY

Zip Code

11570-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707271819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory W. Holmgren

Mailing Address 8523 Greenbriar Court

City

Wichita

State

KS

Zip Code

67226-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Zone Life Sales Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR707281819

Amount of Each Receipt this Period

208.00

P/R Deduction (\$16.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

1088.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Elaine A. Rogers

Mailing Address 150 Melrose Avenue

City

Massapequa

State

NY

Zip Code

11758-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR707291819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Grant H. Davis

Mailing Address 165 Mopus Bridge Road

City

Ridgefield

State

CT

Zip Code

06877-1211

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7101819

Amount of Each Receipt this Period

75.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Harold A. Kreger

Mailing Address 15230 Pebble Forest

City

San Antonio

State

TX

Zip Code

78232-4120

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR712541819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

395.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Lee Kitzenberg

Mailing Address 5814 Vernon Lane

City

Edina

State

MN

Zip Code

55436-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR712601819

Amount of Each Receipt this Period

376.68

P/R Deduction (\$83.34 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Todd Belleau

Mailing Address 8182 E 157 Court

City

Brighton

State

CO

Zip Code

80601-7533

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR712611819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Ronald F. Walker

Mailing Address 1575 Fairway Drive

City

Los Altos

State

CA

Zip Code

94024-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR712621819

Amount of Each Receipt this Period

575.01

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1101.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bob Homler

Mailing Address 209 Orchard Drive

City

Mahwah

State

NJ

Zip Code

07430-1445

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7141819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Bill Van Winkle

Mailing Address 41 Breezy Point

City

Little Silver

State

NJ

Zip Code

07739-1703

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 ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7171819

Amount of Each Receipt this Period

580.00

P/R Deduction (\$100.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stuart R. Grossman

Mailing Address 8133 Verbeck Drive

City

Manlius

State

NY

Zip Code

13104-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717551819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

886.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara Dietze Clu

Mailing Address 13409 Marble Rock Drive

City

Chantilly

State

VA

Zip Code

20151-2482

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR717581819

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Shock

Mailing Address 21 Rebecca Lane

City

Conway

State

AR

Zip Code

72032-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR717611819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark A. Noack

Mailing Address 1114 E 17th St. S

City

Newton

State

IA

Zip Code

50208-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
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: PR717631819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Anita Rohila

Mailing Address 17132 Southeast 29th Place

City

Bellevue

State

WA

Zip Code

98008-5600

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717641819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Leon McKinney

Mailing Address 702 Briarwood Drive

City

East Wenatchee

State

WA

Zip Code

98802-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717651819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Heedo Han

Mailing Address 29241 Las Brisas Road

City

Valencia

State

CA

Zip Code

91354-1542

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717661819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1275.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William R. Kalander

Mailing Address 63 Westwind Drive

City

Jamestown

State

RI

Zip Code

02835-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717691819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dan L. Ting

Mailing Address C/O Nylife International
51 Madison Avenue, Room 1016

City

New York

State

NY

Zip Code

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 ▼

506.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717911819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen T. Carrillo

Mailing Address 4273 Rivermark Parkway

City

Santa Clara

State

CA

Zip Code

95054-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR717931819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

518.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George R. Shadie

Mailing Address 57 Teaberry Drive
Sand Springs

City State Zip Code
Drums PA 18222-2051

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7241819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. David E. Boynton

Mailing Address 158 N Cobblestone Drive

City State Zip Code
Orange CA 92869-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725171819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel Stoll

Mailing Address 16 Kingston Circle

City State Zip Code
Lockport NY 14094-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725191819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1450.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Mila M. Olea

Mailing Address 661 Northwest 134 Avenue

City

Miami

State

FL

Zip Code

33182-1670

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725211819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Feldman

Mailing Address 1691 Annesley Road

City

East Liverpool

State

OH

Zip Code

43920-9410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725241819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Matthew S. Ferris

Mailing Address 324 E Sycamore Street

City

Columbus

State

OH

Zip Code

43206-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725261819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Francis M. Evans

Mailing Address 1222 W 41st Street

City

La Grange

State

IL

Zip Code

60525-5802

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 ▼

466.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725281819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Raouf Salib

Mailing Address 1221 Millcreek Drive

City

Flint

State

MI

Zip Code

48532-2348

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725291819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. J. A. Fulkerson

Mailing Address 1302 Pellow Circle Trail

City

Herndon

State

VA

Zip Code

20170-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725311819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1400.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Ellis

Mailing Address 5116 N Washingtonst

City

Gladstone

State

MO

Zip Code

64118-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725341819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rolly Radwick

Mailing Address 18212 85th Place W

City

Edmonds

State

WA

Zip Code

98026-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725361819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ed Williams

Mailing Address 4015 S Hempstead Circle

City

San Diego

State

CA

Zip Code

92116-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR725381819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph W. Lucchino

Mailing Address 1100 Cambridge Street

City

Natrona Heights

State

PA

Zip Code

15065-1010

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: PR7271819

Amount of Each Receipt this Period

220.00

P/R Deduction (\$40.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher O. Blunt

Mailing Address 9 Yarmouth Road

City

Rowayton

State

CT

Zip Code

06853-1842

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & C.O.O. for Life & Annuity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR729571819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott L. Lenz

Mailing Address 41 Bellevue Avenue

City

Summit

State

NJ

Zip Code

07901-2007

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR729591819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1610.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John 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

Name of Employer
New York Life Insurance
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR729601819

Amount of Each Receipt this Period

390.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Stuart L. Ashton

Mailing Address 173 Washington Valley Road

City

Morristown

State

NJ

Zip Code

07960-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734481819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Donna S. Betz

Mailing Address 1407 73rd Circle Northeast

City

St. Petersburg

State

FL

Zip Code

33702-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Marketing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734511819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia A. Tuttle

Mailing Address 2609 Valencia Grove Drive

City

Valrico

State

FL

Zip Code

33596-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

A.V.P. - Software Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734521819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Toomey

Mailing Address 4012 Ligustrum Drive

City

Palm Harbor

State

FL

Zip Code

34685-3630

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 ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734531819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Fitzgerald

Mailing Address 121 Stratford Road

City

West Hempstead

State

NY

Zip Code

11552-1723

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734551819

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

845.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Randy K. Cox

Mailing Address 541 Oak Grove Road

City

Chesapeake

State

VA

Zip Code

23320-3723

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 ▼

1730.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734621819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Fredric V. Collins

Mailing Address 1713 Monk Place

City

Mount Pleasant

State

SC

Zip Code

29466-7016

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734631819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott G. Ayers

Mailing Address 40 Tabor Place

City

South Burlington

State

VT

Zip Code

05403-5609

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734651819

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1650.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Gregory T. Yopez

Mailing Address 6 Calle Vallecitos

City

Tijeras

State

NM

Zip Code

87059-7870

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 ▼

1531.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734671819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin L. Baumberger

Mailing Address 11715 N 178th Circle

City

Bennington

State

NE

Zip Code

68007-5742

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734701819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott L. Berlin

Mailing Address 22 Jerome Road

City

Syosset

State

NY

Zip Code

11791-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734711819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1380.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jonathan R. Moonitz

Mailing Address 17105 Long Acres Lane

City

Odessa

State

FL

Zip Code

33556-1870

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Information Systems

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734731819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kyong Jang

Mailing Address 2864 W 234th Street

City

Torrance

State

CA

Zip Code

90505-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Partner

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734741819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott E. Stone

Mailing Address 3445 Stratford Road
3203

City

Atlanta

State

GA

Zip Code

30326-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Zone Vice President

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734751819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

580.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Aaron D. Simon

Mailing Address 5593 Bobwhite Avenue

City

Kalamazoo

State

MI

Zip Code

49009-4593

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734771819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Gayl Thomas

Mailing Address 3044 Ten Mile Drive

City

Sparks

State

NV

Zip Code

89436-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734811819

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas S. Heller

Mailing Address 230 Mahwah Road

City

Mahwah

State

NJ

Zip Code

07430-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734861819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Paul J. Appel

Mailing Address 110 Wagoner Lane
2019 Hemlock Farms

City State Zip Code
Hawley PA 18428-9073

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Cvp - Financial Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734871819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony DelGreco

Mailing Address 103 Bocage Circle

City State Zip Code
Lafayette LA 70503-4354

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director - Lan Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734931819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Irwin Silber

Mailing Address 104 McNamara Road

City State Zip Code
Spring Valley NY 10977-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734941819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

635.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia L. Barbari

Mailing Address 200 East 36th Street
Apt. 4D

City State Zip Code
New York NY 10016-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734961819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Anne T. McDermott

Mailing Address 180 Riverside Drive
#13B

City State Zip Code
New York NY 10024-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR734971819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Timothy M. McGinnis

Mailing Address 66 Halsted Place

City State Zip Code
Rye NY 10580-3315

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735021819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

385.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard M. Walsh

Mailing Address 32 Hilltop Road

City

Waccabuc

State

NY

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735031819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Lindsay J. Malkiewich

Mailing Address 7 Bent Birch Place

City

Parsippany

State

NJ

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735041819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Schnipp

Mailing Address 211 Walnut Avenue

City

Bogota

State

NJ

Zip Code

07603-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735061819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

775.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Bryan L. Karant

Mailing Address 106 Beech Street

City

Cranford

State

NJ

Zip Code

07016-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Systems Accounting

Aggregate Year-to-Date ▼

312.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735081819

Amount of Each Receipt this Period

200.07

P/R Deduction (\$15.39 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark J. Draghi

Mailing Address 12 Nancy Terrace

City

Hackettstown

State

NJ

Zip Code

07840-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735111819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph M. Ligammari

Mailing Address 415 E 52nd Street

City

New York

State

NY

Zip Code

10022-6424

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Strategic Sourcing

Aggregate Year-to-Date ▼

257.34

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735161819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

473.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John B. Langdon

Mailing Address 4109 Michael Neill Drive

City

Austin

State

TX

Zip Code

78730-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Ltc Zone Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735181819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lani Judal

Mailing Address 1007 Brackett Way

City

Santa Clara

State

CA

Zip Code

95054-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735191819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James M. Vaeth

Mailing Address 2087 Natalie Boulevard

City

Seaford

State

NY

Zip Code

11783-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735211819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

705.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Binh Q. Nguyen

Mailing Address 4093 Autinori Court

City

San Jose

State

CA

Zip Code

95148-3709

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735231819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas A. Clough

Mailing Address 172 Summer Avenue

City

Reading

State

MA

Zip Code

01867-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735251819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Akram A. Abbassi

Mailing Address 269 Terry Road

City

Smithtown

State

NY

Zip Code

11787-5505

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735271819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

630.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David F. Wright

Mailing Address 50 Arcadia Road

City

Allendale

State

NJ

Zip Code

07401-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR735291819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Harold J. Beers

Mailing Address 1206 State Route 428

City

Oil City

State

PA

Zip Code

16301-4932

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7361819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark Kinasewitz

Mailing Address 185 Split Rock Road

City

Southport

State

CT

Zip Code

06890-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741541819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

476.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John F. Horwitz

Mailing Address 168 Upland Road

City

Sharon

State

MA

Zip Code

02067-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741581819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Mildred R. Nece

Mailing Address 121 Pacific Street
Apt. A-4E

City

Brooklyn

State

NY

Zip Code

11201-5555

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741611819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Eric B. Jackson

Mailing Address PO Box 61961

City

Virginia Beach

State

VA

Zip Code

23466-1961

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741681819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

611.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jamilyn M. Durbin-Bailey

Mailing Address 4722 Portobello Circle

City

Valrico

State

FL

Zip Code

33596-7370

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director - Service

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741691819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Ward

Mailing Address 1454 Inglis Avenue

City

Columbus

State

OH

Zip Code

43212-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Sales Development Manager

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741721819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Colson

Mailing Address 2063 Walnut Creek Lane Northwest

City

Kennesaw

State

GA

Zip Code

30152-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Development Manager

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741751819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

450.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Jackson

Mailing Address 1603 Johnny Miller T

City

Austin

State

TX

Zip Code

78746-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Development Manager

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741761819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Russell G. Bundschuh

Mailing Address 8 McVickers Lane

City

Mendham

State

NJ

Zip Code

07945-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

E.V.P. - Chief Operating Officer

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741791819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Peter J. McAvinn

Mailing Address 49 Fiske Road

City

Wellesley

State

MA

Zip Code

02481-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR741819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1273.09

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin D. Staten

Mailing Address 17128 Hoskinson Road

City

Poolesville

State

MD

Zip Code

20837-2232

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Senior Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR741821819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jacob B. Sims

Mailing Address 2311 Highland Avenue South
Suite 100

City

Birmingham

State

AL

Zip Code

35205-2974

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR741831819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Young

Mailing Address 10300 Salida Drive

City

Austin

State

TX

Zip Code

78749-6918

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Assistant Vice President - Sales Suppo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR741861819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark F. Nestleroth

Mailing Address 1741 Airy Hill Road

City

Manheim

State

PA

Zip Code

17545-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7431819

Amount of Each Receipt this Period

208.02

P/R Deduction (\$34.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Pagano

Mailing Address 390 Forest Avenue

City

Glen Ridge

State

NJ

Zip Code

07028-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745041819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph S. Olwell

Mailing Address 25524 87th Road

City

Floral Park

State

NY

Zip Code

11001-1451

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745051819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

588.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John C. Lariviere

Mailing Address 400 Cook Avenue

City

Middlesex

State

NJ

Zip Code

08846-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745121819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Mark B. Magnus

Mailing Address 10 Abbey Lane

City

Rehoboth

State

MA

Zip Code

02769-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Consulting Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745131819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Sam Mancino

Mailing Address 106 Four Winds Drive

City

Middletown

State

NJ

Zip Code

07748-3143

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745161819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

505.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth J. Boertzel

Mailing Address 165 Laurel Hill Road

City

Mountain Lakes

State

NJ

Zip Code

07046-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745171819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Donald F. Serek

Mailing Address 83 Anderson Drive

City

Wayne

State

NJ

Zip Code

07470-2650

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745181819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Larry K. Oxenberg

Mailing Address 135 Andrea Road

City

Cheltenham

State

PA

Zip Code

19012-1311

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7451819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

406.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Alexander J. MacFarlane

Mailing Address 105 River Street

City

Sleepy Hollow

State

NY

Zip Code

10591-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Assistant Vice President - Architectur

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745211819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Monique A. McClure

Mailing Address 346 11th Street
#4

City

Brooklyn

State

NY

Zip Code

11215-4039

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745221819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence Carter

Mailing Address 900 S Meadows Parkway
#3511

City

Reno

State

NV

Zip Code

89521-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745241819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

518.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sandra L. Bograd

Mailing Address 187 Warren Street
402

City State Zip Code
Jersey City NJ 07302-6477

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 ▼

1777.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745271819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen P. Fisher

Mailing Address 601 Fairmont Avenue

City State Zip Code
Westfield NJ 07090-1360

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745281819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. James J. Smith

Mailing Address 22 Palmer Terrace

City State Zip Code
Riverside CT 06878-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.16

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745301819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional)

1255.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David C. Herrick

Mailing Address 14515 Southern Pines

City

Dallas

State

TX

Zip Code

75234

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Cvp - Case Development

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745321819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. William T. Feakes

Mailing Address 9445 Nicklaus Lane

City

Crystal Lake

State

IL

Zip Code

60014-3340

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Annuity Product Consultant

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745421819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Austin

Mailing Address 13104 Glenfield Road

City

Leawood

State

KS

Zip Code

66209-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Field Director

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745431819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas C. Sorg

Mailing Address 19 Coachlight Square

City

Montrose

State

NY

Zip Code

10548-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745471819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Radenbaugh

Mailing Address 7615 Gleason Road

City

Edina

State

MN

Zip Code

55439-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Cvp - Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745491819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Debra Doncov

Mailing Address PO Box 66293

City

Auburndale

State

MA

Zip Code

02466-0003

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745511819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

385.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Brian A. Murdock

Mailing Address 96 Husted Lane

City

Greenwich

State

CT

Zip Code

06830-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR745521819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Bruce Cumby

Mailing Address 816 Ellis Avenue

City

Newtown Sq

State

PA

Zip Code

19073-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7471819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John M. Angiulli

Mailing Address 1059 Old Orchard Drive

City

Gibsonia

State

PA

Zip Code

15044-6081

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 ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7481819

Amount of Each Receipt this Period

425.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1675.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Barbara N. Filippelli

Mailing Address 5170 Dove Point Lane

City

Salisbury

State

MD

Zip Code

21801-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7491819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Universe Nguyen

Mailing Address 5390 Arrezzo Drive

City

San Jose

State

CA

Zip Code

95138-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR751819

Amount of Each Receipt this Period

83.32

P/R Deduction (\$20.83 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. ROBERT SMITH

Mailing Address 99 Cascade Road

City

Stamford

State

CT

Zip Code

06903-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7521819

Amount of Each Receipt this Period

615.44

P/R Deduction (\$76.93 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

948.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard J. Longenhagen, Sr., Sr.

Mailing Address 1201 7th Street

City

Catasauqua

State

PA

Zip Code

18032-2105

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7591819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. William D. Hurst

Mailing Address 12411 Caragana

City

Anchorage

State

AK

Zip Code

99515-3685

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 ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7611819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Nguyen B. Mai

Mailing Address 600 Trapelo Road
Apt. 15

City

Waltham

State

MA

Zip Code

02452-7996

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR761819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

531.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Tema L. Steele

Mailing Address 104 Van Buren Road

City

Voorhees

State

NJ

Zip Code

08043-2354

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7641819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael T. Piotrowicz

Mailing Address 504 Anthony Drive

City

Plymouth Mtng

State

PA

Zip Code

19462-1040

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 ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7771819

Amount of Each Receipt this Period

2499.96

P/R Deduction (\$416.66 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Edward W. Colello

Mailing Address 42 Scenic Ridge Drive

City

Brewster

State

NY

Zip Code

10509-4303

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 ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR781819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

4000.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Amato Berardi

Mailing Address 52 Pineview Drive

City

Huntingdon Valley

State

PA

Zip Code

19006-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7851819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Tessa Ingel

Mailing Address 817 22nd Street

City

Santa Monica

State

CA

Zip Code

90403-2008

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7911819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey A. Morrison

Mailing Address 1451 Radbill Circle

City

Berwyn

State

PA

Zip Code

19312-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7961819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

925.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City

Drexel Hill

State

PA

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR7971819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

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

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR801819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Charles R. Eckardt

Mailing Address 620 Meetinghouse Road

City

Rydal

State

PA

Zip Code

19046-2935

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8091819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

2000.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Terrence L. Wolf

Mailing Address 119 Great Circle Road

City

Landenberg

State

PA

Zip Code

19350-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8171819

Amount of Each Receipt this Period

320.00

P/R Deduction (\$60.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gilbert A. Ridgely

Mailing Address 314 Mannering Drive

City

Dover

State

DE

Zip Code

19901-5407

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8191819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mark D. Caldon

Mailing Address Route 1 Box 66E

City

Liverpool

State

WV

Zip Code

25252-9712

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8231819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

940.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mariano C. Fontanilla

Mailing Address 86-15 Elmhurst Avenue
Apt. 6L

City State Zip Code
Elmhurst NY 11372-2596

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8291819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Gail L. Hoffman

Mailing Address 6419 Clearview Street

City State Zip Code
Philadelphia PA 19119-2041

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8361819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Jones

Mailing Address 1261 Lakevue Drive

City State Zip Code
Butler PA 16002-7625

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8381819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

626.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Patricia A. McLetchie

Mailing Address 6445 Rover Court

City

Cumming

State

GA

Zip Code

30040-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842101819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Mary A. McGinley

Mailing Address 98 Hillcrest Lane

City

Peekskill

State

NY

Zip Code

10566-6925

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Information Systems

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842111819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Weatherford

Mailing Address 106 S Norfolk Way

City

Goose Creek

State

SC

Zip Code

29445-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842141819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

505.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald Kradel

Mailing Address 200 Fairmont Road

City

Chicora

State

PA

Zip Code

16025-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8421819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Larry Barnes

Mailing Address 429 Maxton Bass Road
PO Box 1693

City

Clinton

State

NC

Zip Code

28329-1693

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 ▼

291.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842201819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin L. Bailey

Mailing Address PO Box 3827

City

Santa Barbara

State

CA

Zip Code

93130-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842231819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Marcus Sundstrom

Mailing Address 1407 Yorkshire Avenue

City

Casper

State

WY

Zip Code

82609-4418

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR842281819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert P. Ducato Clu Chfc

Mailing Address 10 Franklin Street

City

Westfield

State

NY

Zip Code

14787-1009

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 ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8431819

Amount of Each Receipt this Period

182.00

P/R Deduction (\$33.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Al Howell

Mailing Address PO Box G

City

Bath

State

PA

Zip Code

18014-0169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8471819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

427.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph F. Di Bella

Mailing Address 11 Evergreen Way

City

East Greenbush

State

NY

Zip Code

12061-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849041819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Davis

Mailing Address PO Box 1367

City

Clanton

State

AL

Zip Code

35046-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849051819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Guldy

Mailing Address 2026 Yankee Drive

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

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849071819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Wallace English

Mailing Address PO Box 430

City

Lindsay

State

TX

Zip Code

76250-0430

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849091819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Judith Austin

Mailing Address 8 Humbert Lane
PO Box 443

City

Palatine Brg

State

NY

Zip Code

13428-0443

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849111819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce Buttle

Mailing Address 1 Lake Metonga Trail

City

Grant Park

State

IL

Zip Code

60940-9776

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849131819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

413.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Edward C. Carson, IV, IV

Mailing Address 7 Walnut Trace Court

City

Simpsonville

State

SC

Zip Code

29681-4769

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 ▼

203.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849161819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Bernard Zaleski

Mailing Address 9461 Cross Creek Court

City

Wichita

State

KS

Zip Code

67206-4066

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849181819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jack Clark

Mailing Address 59 Threepence Drive

City

Melville

State

NY

Zip Code

11747-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849191819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

563.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David A. Herlicka

Mailing Address 2 Chablis Court

City

Bedford

State

NH

Zip Code

03110-5217

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849231819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Frank J. Feola

Mailing Address 6039 Walden Court

City

Mentor

State

OH

Zip Code

44060-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849261819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Anderson

Mailing Address 29002 W Acanthus Court

City

Agoura

State

CA

Zip Code

91301-1629

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: PR849271819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James Winskie

Mailing Address 200 Deer Court

City

Vidalia

State

GA

Zip Code

30474-9699

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849291819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lara Vartikovskaia

Mailing Address 7620 Carlye Avenue
806

City

Miami

State

FL

Zip Code

33141-2295

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849511819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Irving A. Rose

Mailing Address 3 Tree Hollow Lane

City

Dix Hills

State

NY

Zip Code

11746-6315

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 ▼

927.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849621819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

775.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Sylvia M. Forster

Mailing Address 11 Ridge Road

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849741819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Matthew E. Vahl

Mailing Address 1419 Pine Cove Court

City

Darien

State

IL

Zip Code

60561-4999

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Regional Manager - Annuity Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849761819

Amount of Each Receipt this Period

143.00

P/R Deduction (\$11.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Anderson

Mailing Address 12 Molasses Hill Road

City

Lebanon

State

NJ

Zip Code

08833-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
A.V.P. - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR849771819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

533.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Edward S. Ritchie

Mailing Address 1775 Beacon Street

City

Waban

State

MA

Zip Code

02468-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853161819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald G. Cooper, Jr., Jr.

Mailing Address 9 Tucker Street

City

Marblehead

State

MA

Zip Code

01945-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853171819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jenkins Mikell, III, III

Mailing Address 8 Lord Nelson Court

City

Columbia

State

SC

Zip Code

29209-1910

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853181819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Johnson

Mailing Address 27694 Highway 30

City

Glidden

State

IA

Zip Code

51443-8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853191819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Yvonne Russell

Mailing Address 435 East 86st #4-F

City

New York

State

NY

Zip Code

10028-6446

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 ▼

725.01

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853211819

Amount of Each Receipt this Period

575.01

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David L. Towry, Sr., Sr.

Mailing Address 574 Harbortown Court

City

Salem

State

OR

Zip Code

97306-9355

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 / D D / Y Y Y Y Y

Transaction ID: PR853221819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1135.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Phillip R. Whitehead

Mailing Address 145 Woodland Greens Drive

City

Brandon

State

MS

Zip Code

39047-8773

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853251819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. John T. Richards

Mailing Address 5801 Papaya Place Northeast

City

Albuquerque

State

NM

Zip Code

87111-6223

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853261819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

C.

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

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853271819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

950.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David Lynch

Mailing Address 3901 Custis Road

City

Richmond

State

VA

Zip Code

23225-1105

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 ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853291819

Amount of Each Receipt this Period

208.36

P/R Deduction (\$41.67 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lydia Patricio

Mailing Address 2627 Alemany Boulevard

City

San Francisco

State

CA

Zip Code

94112-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853301819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Mr. Greg Wong

Mailing Address 8318 State Route 302

City

Gig Harbor

State

WA

Zip Code

98329-8666

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853321819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

658.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dan M. Pendleton

Mailing Address 11783 S Stone Ridge Court

City

Riverton

State

UT

Zip Code

84065-7481

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853341819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Shraga Weinberger

Mailing Address 1566 58th Street

City

Brooklyn

State

NY

Zip Code

11219-4753

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853351819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Romeo Lazzarone

Mailing Address 2080 Brittany Meadows Drive

City

Reno

State

NV

Zip Code

89521-5271

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853401819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

550.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Rupa Mehta

Mailing Address 5423 Twin Creeks Drive

City

Valrico

State

FL

Zip Code

33594-8283

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853411819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Michael P. Lackey

Mailing Address 25 Zaitz Farm Road

City

Princeton Junction

State

NJ

Zip Code

08850

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 ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853501819

Amount of Each Receipt this Period

150.02

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Paul T. Pasteris

Mailing Address 534 Farm Road

City

Fayston

State

VT

Zip Code

05673-7258

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.11

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR853511819

Amount of Each Receipt this Period

520.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1170.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joel M. Steinberg

Mailing Address 44 Spruce Street

City

Princeton Junction

State

NJ

Zip Code

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1410.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8551819

Amount of Each Receipt this Period

780.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Neil Bryson

Mailing Address 5613 Lionel Drive

City

Fort Wayne

State

IN

Zip Code

46815-5235

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR856661819

Amount of Each Receipt this Period

190.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Shauna L. Soper

Mailing Address 11855 Villa Creek Avenue

City

Baton Rouge

State

LA

Zip Code

70810-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR856671819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1220.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Earlene M. Neidert

Mailing Address PO Box G

City

State

Zip Code

Bath

PA

18014-0169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8601819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Ziegler

Mailing Address 11 Windham Loop
Apt. 4Ee

City

State

Zip Code

Staten Island

NY

10314-5937

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR860971819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. William Mattox

Mailing Address 3742 N Tazewell Street

City

State

Zip Code

Arlington

VA

22207-4572

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
First Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1998.25

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR860981819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1370.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David Walsh

Mailing Address 150 Vista Grande

City

Greenbrae

State

CA

Zip Code

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR861819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas F. English

Mailing Address 27 Hedge Brook Lane

City

Stamford

State

CT

Zip Code

06903-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Svp & Chief Insurance Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1011.75

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8631819

Amount of Each Receipt this Period

511.64

P/R Deduction (\$50.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Scott F. Della Penna

Mailing Address 9541 Purcell Drive

City

Potomac

State

MD

Zip Code

20854-4500

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 ▼

800.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8671819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

2011.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James A. Vandervoort

Mailing Address 8412 Alma Alta Trail

City

McKinney

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Underwriting Services

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR870901819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. John J. O'Gara

Mailing Address 8 Rock Ridge Court

City

New Fairfield

State

CT

Zip Code

06812-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR870911819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-W-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Kathleen M. Rodriguez

Mailing Address 14 Kemp Drive

City

Springfield

State

NJ

Zip Code

07081-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Second Vice President

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR870951819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

750.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark F. Winslow

Mailing Address 72 Waverly Avenue

City

Eastchester

State

NY

Zip Code

10709-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Assistant Vice President - Security

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR870961819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. James J. Gonidakis

Mailing Address 6459 80th Street

City

Middle Village

State

NY

Zip Code

11379-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Strategic Sourcing

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR870971819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Susan A. Castros

Mailing Address 503 Glenwood Lane

City

East Meadow

State

NY

Zip Code

11554-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871001819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

385.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas S. McArdle

Mailing Address 10 Boyd Road

City

Hazlet

State

NJ

Zip Code

07730-1461

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 ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871011819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Adam G. Clemens

Mailing Address 161 E 79th Street
Apt. 8B

City

New York

State

NY

Zip Code

10075-0480

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871081819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael G. Dubrow

Mailing Address 181 East 90th Street
Apt. 8C

City

New York

State

NY

Zip Code

10128-2389

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 ▼

359.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871091819

Amount of Each Receipt this Period

199.94

P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

950.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeremy E. Boyce

Mailing Address 210 Clinton Street Apt. 3F

City

Hoboken

State

NJ

Zip Code

07030-8569

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director - Systems

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871101819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas Vetrick

Mailing Address 3207 Martin Road

City

Dublin

State

OH

Zip Code

43017-1453

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Partner

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871111819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth E. Foster

Mailing Address 624 Phil Hansen Drive

City

Canutillo

State

TX

Zip Code

79835-6486

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Operations

Aggregate Year-to-Date ▼

217.78

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871121819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

375.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. M. Susan Murawski

Mailing Address 19329 Shoreland Avenue

City

Rocky River

State

OH

Zip Code

44116-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Service Consultant

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871131819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. James A. Wolf

Mailing Address 300 Windmill Hill Lane

City

Pipe Creek

State

TX

Zip Code

78063-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Partner

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871171819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dale C. Berry

Mailing Address 4454 S John Way

City

Chandler

State

AZ

Zip Code

85249-4772

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Partner

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871201819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

750.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert Mathes

Mailing Address 1824 Jane Street

City

Pittsburgh

State

PA

Zip Code

15203

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871211819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Boua Keo T. Chang

Mailing Address 10852 Birch Lane

City

Woodbury

State

MN

Zip Code

55129

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871251819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-W-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Marvin M. Murchison

Mailing Address 11416 Rosebud Bend Lane

City

Glenallen

State

VA

Zip Code

23059-7588

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871281819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

1250.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven A. Rautenberg

Mailing Address 7 Gracie Square

City

New York

State

NY

Zip Code

10028-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Svp - Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871291819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne J. Francingues, Jr., Jr.

Mailing Address 2408 Fagot Street

City

Metairie

State

LA

Zip Code

70001-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871321819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Ms. Bernadette Hoban

Mailing Address 6821 Bliss Terrace

City

Brooklyn

State

NY

Zip Code

11220-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871401819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

500.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John D. Puccio

Mailing Address 70 Iris Avenue

City

Floral Park

State

NY

Zip Code

11001-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.81

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR871481819

Amount of Each Receipt this Period

115.05

P/R Deduction (\$8.85 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth J. Hittel

Mailing Address 250 W 90th Street
Apt. 10H

City

New York

State

NY

Zip Code

10024-1142

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 ▼

575.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8721819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Dave Nash

Mailing Address 3790 N Zurich

City

Flagstaff

State

AZ

Zip Code

86004-2251

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8741819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

490.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steven M. Murray

Mailing Address 21 Old Colony Way

City

Whitman

State

MA

Zip Code

02382-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875261819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Donna White Niziak

Mailing Address 7 Cutler Street

City

Hopedale

State

MA

Zip Code

01747-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875271819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Joan M. Sabella

Mailing Address 3 Dunstan Drive

City

Merrick

State

NY

Zip Code

11566-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875321819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

505.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. George S. Yackulic

Mailing Address 23 Van Riper Avenue

City

Pompton Plains

State

NJ

Zip Code

07444-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.45

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875381819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Frank R. Jones

Mailing Address 500 Virginia Street East
Suite 1100

City

Charleston

State

WV

Zip Code

25301-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875451819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bradley K. Wright

Mailing Address 5528 Ash Grove Circle

City

Montgomery

State

AL

Zip Code

36116-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875481819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

625.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Christopher D. Lundquist

Mailing Address 300 E Esplanade Drive Suite 2050

City

Oxnard

State

CA

Zip Code

93036-0267

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875491819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Lynda Abend

Mailing Address 13 Carriage House Path

City

Ashland

State

MA

Zip Code

01721-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875561819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Helen Henderson

Mailing Address 512 Morton Street

City

Stoughton

State

MA

Zip Code

02072-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President - Quality Assurance

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875571819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

515.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark S. Niziak

Mailing Address 7 Cutler Street

City

Hopedale

State

MA

Zip Code

01747-1001

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 ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875581819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Alison H. Micucci

Mailing Address 16 Munsey Road

City

Emerson

State

NJ

Zip Code

07630-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875591819

Amount of Each Receipt this Period

260.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. John C. Howard

Mailing Address 534 Ashland Avenue

City

River Forest

State

IL

Zip Code

60305-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875601819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

635.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jonathan G. Sailer

Mailing Address 12 Cherry Lane

City

Port Jeff Station

State

NY

Zip Code

11776-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Systems Programming

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875621819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Natasha Foy

Mailing Address 325 Roosevelt Avenue

City

Franklin Sq

State

NY

Zip Code

11010-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Agency Compensation

Aggregate Year-to-Date ▼

236.26

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875661819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ms. Helen J. Stagias

Mailing Address 3079 48th Street

City

Astoria

State

NY

Zip Code

11103-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

A.V.P. - Governmental Affairs

Aggregate Year-to-Date ▼

500.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875731819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

625.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Stolz

Mailing Address 502 Spruce Hills Drive

City

Glen Gardner

State

NJ

Zip Code

08826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Applications Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875741819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Robert H. Dial

Mailing Address 61 Carlton Avenue

City

Ho Ho Kus

State

NJ

Zip Code

07423-1428

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875771819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Daniel P. McMahan

Mailing Address 35 Mount Vernon Circle

City

Dunwoody

State

GA

Zip Code

30338

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875791819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

380.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John D. Fontaine

Mailing Address 824 Sanctuary Lane

City

Naperville

State

IL

Zip Code

60540-6364

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 ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875801819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Tony H. Elavia

Mailing Address 12 Windsor Court

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875821819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Steven J. Weinzimmer

Mailing Address 125 Fernwood Drive

City

Moraga

State

CA

Zip Code

94556-2315

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 ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875841819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

SUBTOTAL of Receipts This Page (optional)

1250.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Walter A. Lauzau

Mailing Address 357 Rambling Road

City

East Amherst

State

NY

Zip Code

14051-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875901819

Amount of Each Receipt this Period

249.99

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Charles D. Harris

Mailing Address C/O Newyorklife Ins Co
701 W 8th Avenue

City

Anchorage

State

AK

Zip Code

99501-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR875911819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Roy Stachnik

Mailing Address 326 Main Street Suite 230

City

Grand Junction

State

CO

Zip Code

81501-2476

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 ▼

1166.74

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR880601819

Amount of Each Receipt this Period

666.70

P/R Deduction (\$166.67 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1041.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Timothy W. Thomas

Mailing Address 920 Poeyfare Steet
Unit 356

City State Zip Code
 New Orleans LA 70130-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR880611819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jason Apolenis

Mailing Address 12810 Navigators Lane

City State Zip Code
 Gaithersburg MD 20878-6115

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.57

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR880631819

Amount of Each Receipt this Period

562.53

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Schwartz

Mailing Address 744 High Woods Drive

City State Zip Code
 Franklin Lakes NJ 07417-2272

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR880651819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

1687.66

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Tammy DelGado

Mailing Address 3120 Derry Street

City

Harrisburg

State

PA

Zip Code

17111-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Associate Sales Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR880681819

Amount of Each Receipt this Period

125.06

P/R Deduction (\$9.62 Bi-W-
eekly)

B.

Full Name (Last, First, Middle Initial)

Mr. B. Christopher Stokes

Mailing Address 3657 Patuxent River Road

City

Davidsonville

State

MD

Zip Code

21035-2422

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8831819

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Milton A. Dugger, Jr., Jr.

Mailing Address 904 Dartmouth Road

City

Baltimore

State

MD

Zip Code

21212-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8841819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1175.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Robin M. Wahby

Mailing Address 385 Royal Tern Rd. S

City

Ponte Vedra

State

FL

Zip Code

32082-6209

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 ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8881819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Xavier Decaire

Mailing Address 8 Pacer Court

City

Newark

State

DE

Zip Code

19711-2414

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 ▼

468.79

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8901819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brent Agee

Mailing Address 580 Twinwood Loop

City

Roseville

State

CA

Zip Code

95678-5978

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR890361819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

1375.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Stawicki

Mailing Address 14976 Venado Drive

City

Rancho Murieta

State

CA

Zip Code

95683-9323

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR891819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Eric S. Anderson

Mailing Address 1673 Mahogany Court

City

Salem

State

OR

Zip Code

97301-1987

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 ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR892611819

Amount of Each Receipt this Period

60.00

P/R Deduction (\$10.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah L. Mumford

Mailing Address 845 Summerset Drive

City

Hockessin

State

DE

Zip Code

19707-9336

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR8951819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1216.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Matthew R. Bailey

Mailing Address 2900 Oak Tree Lane

City

Bethel

State

OH

Zip Code

45106-8375

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR895771819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Cyrus Bathai

Mailing Address 13 N Lowry Court

City

Potomac Falls

State

VA

Zip Code

20165-6204

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR897611819

Amount of Each Receipt this Period

141.68

P/R Deduction (\$25.00 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Christopher W. Battersby Cfp

Mailing Address 51 Mitchell Road

City

Holliston

State

MA

Zip Code

01746-2469

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR897661819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)**SUBTOTAL** of Receipts This Page (optional)

511.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clayton H. Blanton, Jr., Jr.

Mailing Address 3590 Serena

City

Clovis

State

CA

Zip Code

93619-2020

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR901211819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Rob Ostberg

Mailing Address 48 Greenleaf Drive

City

Northampton

State

MA

Zip Code

01060-9768

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR901819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Boksan

Mailing Address 2846 Ivanhoe Road

City

Bethlehem

State

PA

Zip Code

18017-3214

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: PR901951819

Amount of Each Receipt this Period

250.00

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

1375.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Theodore Bonarski

Mailing Address 1841 32nd Street Southeast

City

Grand Rapids

State

MI

Zip Code

49508-1501

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR902141819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Steven M. Brinton

Mailing Address 3000 Connor
#33

City

Salt Lake City

State

UT

Zip Code

84109-2450

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 ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR904701819

Amount of Each Receipt this Period

499.98

P/R Deduction (\$83.33 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Bill Weimer

Mailing Address 7234 Hanover Grove Lane

City

Mechanicsvl

State

VA

Zip Code

23111-5633

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 ▼

616.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9061819

Amount of Each Receipt this Period

466.68

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1091.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Tamara Burke

Mailing Address 2103 12th Avenue

City

Belle Fourshe

State

SD

Zip Code

57717-2211

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR907091819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Derek Chu

Mailing Address 405 Camelback Road

City

Pleasant Hill

State

CA

Zip Code

94523-1370

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR914411819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Felix S. Chu

Mailing Address 11 Mercury Court

City

Pleasant Hill

State

CA

Zip Code

94523-2167

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR914421819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

1625.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Stefanie E. Chu

Mailing Address 4652 Spyglass Drive

City

Stockton

State

CA

Zip Code

95219-1927

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR914461819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Edward L. Claycamp

Mailing Address 3902 Southwest Lincolnshire Road

City

Topeka

State

KS

Zip Code

66610-1386

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR915381819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Ms. Rose A. Gentile

Mailing Address 606 South Payne Street

City

Alexandria

State

VA

Zip Code

22314-3928

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9171819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

550.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Clint G. Cornette

Mailing Address 1505 Country Club Road

City

Wilmington

State

NC

Zip Code

28403-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR917971819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gordon E. Parker, Jr., Jr.

Mailing Address 422 Discovery Road

City

Virginia Beach

State

VA

Zip Code

23451-2157

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 ▼

1718.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9181819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. David K. Cote

Mailing Address 20 Driscoll Road

City

Selah

State

WA

Zip Code

98942-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR918291819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Chad C. Courtois

Mailing Address 608 Bonnet Street

City

New Iberia

State

LA

Zip Code

70563-0606

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 ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR918521819

Amount of Each Receipt this Period

122.00

P/R Deduction (\$23.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Tye Crews

Mailing Address 1111 Colombo Street

City

Jacksonville

State

FL

Zip Code

32207-3013

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 ▼

250.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR919261819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Gina Cromwell

Mailing Address 159 Pebble Beach Drive

City

Little Rock

State

AR

Zip Code

72212-2645

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 ▼

258.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR919471819

Amount of Each Receipt this Period

133.68

P/R Deduction (\$23.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

380.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. MARK CARL CUPP

Mailing Address 15199 Pine Bluff Lane

City

Fontana

State

CA

Zip Code

92336-1011

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 ▼

375.06

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR920281819

Amount of Each Receipt this Period

62.52

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dallas M. Cyr

Mailing Address 3 Miano Drive

City

New Britain

State

CT

Zip Code

06053-1714

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 ▼

250.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR920621819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Czerwinski

Mailing Address 40120 Calle De Suenos

City

Murrieta

State

CA

Zip Code

92562-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR920671819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

337.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 / 531

(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. Michael T. Damon

Mailing Address 9 Little Tree Road

City

Medway

State

MA

Zip Code

02053-6131

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR921141819

Amount of Each Receipt this Period

416.70

P/R Deduction (\$83.34 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Scott K. McGuire

Mailing Address 1983 Woodlake Drive

City

Benton

State

LA

Zip Code

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 ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9211819

Amount of Each Receipt this Period

480.00

P/R Deduction (\$80.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Asa M. Davis

Mailing Address 6026 Salem Lane

City

Portage

State

MI

Zip Code

49002-2911

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 ▼

312.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR921881819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

1021.74

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 531

(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	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Orchid Y. Dong

Mailing Address 431 Kingsford Street

City

Monterey Park

State

CA

Zip Code

91754-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR926141819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin Doyle

Mailing Address 75 Bradfield Avenue
Apt. 3

City

Roslindale

State

MA

Zip Code

02132-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR926871819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. James W. Tait

Mailing Address 13618 Basket Ring Court

City

Gainesville

State

VA

Zip Code

20155-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR9271819

Amount of Each Receipt this Period

113.32

P/R Deduction (\$20.83 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

488.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Douglas B. Dubitsky

Mailing Address 259 Carlton Terrace

City

Teaneck

State

NJ

Zip Code

07666-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR927251819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David B. Duncan

Mailing Address 17438 Bothell Way Northeast
#C-104

City

Bothell

State

WA

Zip Code

98011-1963

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR927711819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Rick Jennell

Mailing Address 302 Chestnut Street
PO Box 335

City

Pearisburg

State

VA

Zip Code

24134-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9301819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

531.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. A. David Erland

Mailing Address 23813 Northeast 27th Street

City

Sammamish

State

WA

Zip Code

98074-5485

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 ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR930191819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Terry G. Fenwick

Mailing Address 2309 Stannye Drive

City

Louisville

State

KY

Zip Code

40229-6351

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR932181819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

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

Name of Employer
New York Life Insurance
Company

Occupation

President & Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9321819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1750.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Lines R. Ferguson, Jr., Jr.

Mailing Address 107 Hillview Drive

City

Charleston

State

WV

Zip Code

25314-1028

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR932311819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen C. Fiocco

Mailing Address 122 Bower Lane

City

Forest Hill

State

MD

Zip Code

21050-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR932781819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Brian J. Foecke

Mailing Address 312 9th Street

City

West Point

State

IA

Zip Code

52656-9784

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR934081819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Cindi R. Fox

Mailing Address 1114 Sunset Drive

City

Kimberly

State

WI

Zip Code

54136-1234

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 ▼

1461.67

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR934871819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. William Francis

Mailing Address 8 Osbourne Road

City

Poughkeepsie

State

NY

Zip Code

12601-4946

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR935081819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Jane L. Hamrick

Mailing Address 531 East 88th
3C

City

New York

State

NY

Zip Code

10128-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation

Vice President & Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9351819

Amount of Each Receipt this Period

325.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1450.13

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jim Franson

Mailing Address 36135 Eagle Court

City

Ingleside

State

IL

Zip Code

60041-9551

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR935311819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Christopher Fries

Mailing Address 1187 Coast Village Road
Suite 1198

City

Santa Barbara

State

CA

Zip Code

93108-2737

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR935861819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Zacharias Fthenakis

Mailing Address 99 Whistler Road

City

Manhasset

State

NY

Zip Code

11030-2839

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR936131819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

625.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Gaillard

Mailing Address 7517 Grenade Court

City

Crp Christi

State

TX

Zip Code

78414-6291

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936631819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Roxane Kronon Galati

Mailing Address 525 Turtle Hatch Road

City

Naples

State

FL

Zip Code

34103-8540

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936681819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. James A. Gallacher

Mailing Address 1691 Blanc Lane

City

Cantonment

State

FL

Zip Code

32533-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936781819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

1500.16

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Joshua Q. Gardner

Mailing Address 2533 Silver Spur Trail

City

State

Zip Code

Billings

MT

59105-3764

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 ▼

1461.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR937551819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. F. C. Hoge

Mailing Address 3027 Golf Colony Drive

City

State

Zip Code

Salem

VA

24153-6833

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 ▼

1000.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR9381819

Amount of Each Receipt this Period

500.04

P/R Deduction (\$83.34 Mon-
thly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Gilbert, Jr., Jr.

Mailing Address 301 Hillchase Drive

City

State

Zip Code

Madison

MS

39110-8842

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
Company

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR939161819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1620.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Charles 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

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

2000.18

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9401819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jerry Prentice

Mailing Address 6003 Wilmington Drive

City

Burke

State

VA

Zip Code

22015-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

426.64

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9421819

Amount of Each Receipt this Period

220.66

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Lauren Griner

Mailing Address 6500 Whittlesey Boulevard
Apt. 1013

City

Columbus

State

GA

Zip Code

31909-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR943091819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

1345.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael G. Zorio

Mailing Address 9307 E Carondelet Drive

City

Manassas Park

State

VA

Zip Code

20111-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9431819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Becky Gropper

Mailing Address 367 Red Rock Ridge

City

Bell Fourche

State

SD

Zip Code

57717-7257

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 ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR943241819

Amount of Each Receipt this Period

104.20

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard L. Haden, Jr., Jr.

Mailing Address 4515 Ridgcrest Lane

City

Colonial Heights

State

VA

Zip Code

23834-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR944311819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

504.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael T. Hall

Mailing Address 994 Bamburgh Drive

City

Maineville

State

OH

Zip Code

45039-7403

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR944911819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Sidney Halpern

Mailing Address 8 Pebblebrook Lane

City

Moreland Hills

State

OH

Zip Code

44022-2380

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 ▼

250.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR945081819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jeff M. Heland

Mailing Address 200 Emmett

City

Burlington

State

IA

Zip Code

52601-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR948241819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

370.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Hoberman

Mailing Address 14 Wake Robin Road

City

Westport

State

CT

Zip Code

06880-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Managing Partner

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR950711819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. David S. Howell

Mailing Address 4662 Glenwood Drive

City

Macon

State

GA

Zip Code

31210-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR952551819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Myung I. Huh

Mailing Address 540 W 55th Street #7Y

City

New York

State

NY

Zip Code

10019-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR953261819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

SUBTOTAL of Receipts This Page (optional)

500.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Stanley Hunter

Mailing Address 411 Theodore Fremd Avenue

City

Rye

State

NY

Zip Code

10580-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR953731819

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Pamela Jackson

Mailing Address 7030 S Morgan

City

Chicago

State

IL

Zip Code

60621-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR955261819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Richard C. Jackson

Mailing Address 5136 Parkvalley Court

City

Cincinnati

State

OH

Zip Code

45239-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR955281819

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

544.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Steve Jenkins

Mailing Address 14412 Riverside Drive

City

Ashland

State

VA

Zip Code

23005-3176

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR956581819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Janet Nichols

Mailing Address 1323 Mount Carmel Ridge Road

City

St. Marys

State

WV

Zip Code

26170-4661

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 ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9571819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. William Johnson

Mailing Address 6238 Beaver Dale Road

City

Matteson

State

IL

Zip Code

60443-1306

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR958081819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

431.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard G. Kelly

Mailing Address 32 Marlboro Street

City

Norwood

State

MA

Zip Code

02453-1212

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR961561819

Amount of Each Receipt this Period

333.36

P/R Deduction (\$83.34 Mon-
thly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gerald F. Hall

Mailing Address 15 Fieldstone Drive

City

Westport

State

MA

Zip Code

02790-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR961819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Mon-
thly)

C.

Full Name (Last, First, Middle Initial)

Ms. Carrie C. Kessler

Mailing Address 18119 Newton Road

City

Roland

State

AR

Zip Code

72135-9654

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 ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR962141819

Amount of Each Receipt this Period

124.98

P/R Deduction (\$20.83 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

708.36

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 531

(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 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Pethal

Mailing Address 4507 Hazeltine Court
Apt. E

City	State	Zip Code
Alexandria	VA	22312-3205

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR9621819

Amount of Each Receipt this Period

156.00

P/R Deduction (\$26.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Susan Kirby

Mailing Address 938 Lynch Drive

City	State	Zip Code
Arnold	MD	21012-1506

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR963341819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Klotz

Mailing Address 70 Verde Street

City	State	Zip Code
Kenner	LA	70065-1029

FEC ID number of contributing
federal political committee.**C**Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR963841819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

406.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. James Adkins, Jr.

Mailing Address 10505 Coving Cross Lane

City

Vienna

State

VA

Zip Code

22182-1874

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9651819

Amount of Each Receipt this Period

750.00

P/R Deduction (\$375.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Peter R. Krantz, Jr., Jr.

Mailing Address 113 Locust Lane

City

Yorktown

State

VA

Zip Code

23693-4935

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR965341819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Collin Kung

Mailing Address 200 North Fifth Street
Unit #306

City

Alhambra

State

CA

Zip Code

91801

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR966031819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

1000.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David R. Lamb

Mailing Address 1291 Oxford Drive Southeast

City

Conyers

State

GA

Zip Code

30013-6407

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Sales Director

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR966941819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Ms. Karen J. Lamp

Mailing Address 201 E 21st Street
Apt. 20J

City

New York

State

NY

Zip Code

10010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President&Associate General Couns

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR967051819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph Lane

Mailing Address 703 North Kansas

City

Deland

State

FL

Zip Code

32724-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agent

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR967291819

Amount of Each Receipt this Period

400.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

845.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jason Leonard

Mailing Address 84 Minton Lane

City

West Barnstable

State

MA

Zip Code

02668-1817

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 ▼

1769.39

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR970481819

Amount of Each Receipt this Period

1000.09

P/R Deduction (\$76.93 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Dan Kunhardt

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR971819

Amount of Each Receipt this Period

500.00

P/R Deduction (\$125.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Louise M. Linck

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

Cvp - Treasury Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR972261819

Amount of Each Receipt this Period

195.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1695.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Rowan G. MacDonald

Mailing Address 165 E 32nd Street
4H

City State Zip Code
New York NY 10016-6010

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 ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR975421819

Amount of Each Receipt this Period

250.12

P/R Deduction (\$19.24 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory Machnicz

Mailing Address 214 Mountain Road

City State Zip Code
Seymour CT 06483-2337

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 ▼

250.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR975501819

Amount of Each Receipt this Period

125.00

P/R Deduction (\$20.83 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Mandella

Mailing Address 8 Quail Ridge Road

City State Zip Code
Montvale NJ 07645-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Senior Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR976881819

Amount of Each Receipt this Period

500.11

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

875.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas P. Mathew

Mailing Address 7001 West 83rd Street

City

Bloomington

State

MN

Zip Code

55438-1101

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 ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR979351819

Amount of Each Receipt this Period

666.68

P/R Deduction (\$166.67 Mo-
nthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Jason Matthews

Mailing Address 4021 Rockford Drive

City

Antioch

State

CA

Zip Code

94509-6919

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR979591819

Amount of Each Receipt this Period

1000.02

P/R Deduction (\$166.67 Mo-
nthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Philip K. McCall

Mailing Address 105 Wyndham Circle

City

Boalsburg

State

PA

Zip Code

16827-1674

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR980701819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Mon-
thly)

SUBTOTAL of Receipts This Page (optional)

1791.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Rosemarie McCallum

Mailing Address 857 Belmont Avenue

City

Brooklyn

State

NY

Zip Code

11208-2405

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 ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR980731819

Amount of Each Receipt this Period

122.00

P/R Deduction (\$23.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Ms. Meghann P. McKenna

Mailing Address 3151 Lily Drive

City

Bozeman

State

MT

Zip Code

59718-6088

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR982241819

Amount of Each Receipt this Period

130.00

P/R Deduction (\$25.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Meehl

Mailing Address 1288 Whippletree Lane

City

Neenah

State

WI

Zip Code

54956-1166

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR983261819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

377.04

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 / 531

(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	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Reda Y. Megally

Mailing Address 4940 Hubbard Drive

City

Troy

State

MI

Zip Code

48098-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR983361819

Amount of Each Receipt this Period

141.68

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Frank Mesina

Mailing Address 8 Helen's Way Court

City

Naperville

State

IL

Zip Code

60565-1107

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR984451819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Jay P. Miller

Mailing Address 5407 Landon Circle

City

Boynton Beach

State

FL

Zip Code

33437-1677

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
CompanyOccupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR985521819

Amount of Each Receipt this Period

700.00

P/R Deduction (\$83.34 Monthly)

SUBTOTAL of Receipts This Page (optional)

966.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert W. Minnix

Mailing Address 2210 Aster Road

City

Macungie

State

PA

Zip Code

18062-9370

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR986131819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. C. Stuart Nelson

Mailing Address 2424 Honeysuckle Road

City

Chapel Hill

State

NC

Zip Code

27514-6820

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9871819

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Mitchell Morer

Mailing Address 22 Dover Road

City

Westampton

State

NJ

Zip Code

08060-2353

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR988411819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

460.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. H. Dewey Young, Jr., Jr.

Mailing Address 105 Windrock Lane

City

Cary

State

NC

Zip Code

27518-9766

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9901819

Amount of Each Receipt this Period

150.00

P/R Deduction (\$25.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. JOHN A WOMACK JR, Jr.

Mailing Address 1100 N Rotary Drive

City

High Point

State

NC

Zip Code

27262-3612

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9911819

Amount of Each Receipt this Period

152.00

P/R Deduction (\$38.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. James Bergeron

Mailing Address 905 Bosley Road

City

Cockeysville

State

MD

Zip Code

21030-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Agent

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR9921819

Amount of Each Receipt this Period

600.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

902.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David Oestreicher

Mailing Address 10 Timberlane Drive

City

Williamsville

State

NY

Zip Code

14221-1422

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 ▼

479.20

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR995021819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas H. Pace

Mailing Address 6510 Daisy

City

Arlington

State

TX

Zip Code

76017-4970

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR996841819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Karen M. Palmer

Mailing Address 645 Kindig Road

City

Littlestown

State

PA

Zip Code

17340-9169

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Life Insurance
Company

Occupation
Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR997391819

Amount of Each Receipt this Period

250.02

P/R Deduction (\$41.67 Monthly)

SUBTOTAL of Receipts This Page (optional)

750.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 / 531

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Jayshree Patel

Mailing Address 6734 N Longmeadow Avenue

City

Lincolnwood

State

IL

Zip Code

60712-3210

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 ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR998841819

Amount of Each Receipt this Period

125.04

P/R Deduction (\$20.84 Monthly)

SUBTOTAL of Receipts This Page (optional)

125.04

TOTAL This Period (last page this line number only)

449200.66

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 454 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle
Suite 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name
Gary L. Ackerman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3039466

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

All America Pac

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3890772

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

America's Leadership PAC

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990194

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 455 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Success Political Action Committee

Mailing Address 1155 21st Street, NW

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

AMERIPAC:The Fund For Greater America

Mailing Address 499 South Capitol St., SW
Suite 108

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3841567

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

AMERIPAC:The Fund For Greater America

Mailing Address 499 South Capitol St., SW
Suite 108

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3843173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

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 456 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrews For Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
Contribution

Candidate Name
Robert Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: 3789445

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bachus for Congress Committee

Mailing Address PO Box 131134

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
Contribution

Candidate Name
Spencer Bachus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: 3843162

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Back America's Conservatives PAC (BAC PAC)

Mailing Address 1251 Dartmouth Court

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3930051

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

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 457 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BadgerPAC

Mailing Address 1831 Bay Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Brian Baird For Congress

Mailing Address PO Box 5016

City
Vancouver

State
WA

Zip Code
98668

Purpose of Disbursement
Contribution

Candidate Name

Brian Baird

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: 3914002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Baker For Congress Committee

Mailing Address Post Office Box 1694

City
Baton Rouge

State
LA

Zip Code
70821

Purpose of Disbursement
Contribution

Candidate Name

Richard H. Baker

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 3783112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

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)

PAGE 458 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Baker For Congress Committee

Mailing Address Post Office Box 1694

City State Zip Code
Baton Rouge LA 70821

Purpose of Disbursement
Contribution

Candidate Name
Richard H. Baker

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: 3843164

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address 6896 Casper Mountain Road

City State Zip Code
Casper WY 82601

Purpose of Disbursement
Contribution

Candidate Name
John Barrasso

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Transaction ID: 3914000

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Battle Born Political Action Committee

Mailing Address P.O. Box 40366
Suite 300

City State Zip Code
Washington DC 20016

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3267563

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 459 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) **Battle Born Political Action Committee**

Mailing Address P.O. Box 40366
Suite 300

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3989988

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B. Full Name (Last, First, Middle Initial) **Becerra For Congress**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3039613

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial) **Becerra For Congress**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 31

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3789440

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 460 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 3914010

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
Contribution

Candidate Name
Robert F. Bennett

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID: 3890114

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Judy Biggert For Congress

Mailing Address P.O. Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement
Contribution

Candidate Name
Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 3789444

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 461 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Judy Biggert For Congress Mailing Address P.O. Box 637	Transaction ID: 3986897 Date of Disbursement <div> <div>12</div> <div>13</div> <div>2007</div> </div>
City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Contribution Candidate Name Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State DC Zip Code 22101 Purpose of Disbursement Contribution 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:	Transaction ID: 3929856 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Blumenauer For Congress Mailing Address 830 NE Holladay Suite 105 City Portland State OR Zip Code 97232 Purpose of Disbursement Contribution Candidate Name Earl Blumenauer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 03	Transaction ID: 3914005 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution

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 PageFOR LINE NUMBER:
(check only one)

PAGE 462 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Boren for Congress 2008

Mailing Address PO Box 1924

City
MuskogeeState
OKZip Code
74402Purpose of Disbursement
ContributionCandidate Name
David L. Boren011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Transaction ID: 3890763

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Boren for Congress 2008

Mailing Address PO Box 1924

City
MuskogeeState
OKZip Code
74402Purpose of Disbursement
ContributionCandidate Name
David L. Boren011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 02

Transaction ID: 3994056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kevin Brady For Congress

Mailing Address P.O. Box 8277

City
The WoodlandsState
TXZip Code
77387Purpose of Disbursement
ContributionCandidate Name
Kevin Brady011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 3039464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 463 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Brady For Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contribution

Candidate Name
Kevin Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 3789050

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kevin Brady For Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement
Contribution

Candidate Name
Kevin Brady

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Transaction ID: 3789082

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

BRAVE PAC

Mailing Address 499 S. Capitol Street - SW - Suite

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990197

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

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 464 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Build America PAC

Mailing Address 153-01 Jamaica Avenue
Suite 535

City State Zip Code
Jamaica NY 11432

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990185

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Building Empowerment and Accountability Now Pac (Bean Pac)

Mailing Address PO Box 4117

City State Zip Code
Barrington IL 60011

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990193

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City State Zip Code
Ft Wright KY 41011

Purpose of Disbursement
Contribution

Candidate Name
Jim Bunning

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: KY District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3225843

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 465 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 3783076

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 3929946

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Dave Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 3929967

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 466 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Campbell For Congress	Transaction ID: 3039587 Date of Disbursement
Mailing Address 8105 Irvine Center Dr Suite 1170	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div>
City Irvine State CA Zip Code 92618	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name John Campbell	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 3519610 Date of Disbursement
Mailing Address P. O. Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 7</div> </div>
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Eric I. Cantor	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: 3913999 Date of Disbursement
Mailing Address P.O. Box A	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 6 / 2 0 0 7</div> </div>
City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Christopher Carney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

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 467 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carolyn's PAC

Mailing Address 49 East 92nd Street #1A

City State Zip Code
New York NY 10128

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990184

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address P.O Box 133

City State Zip Code
Wilmington DE 19899

Purpose of Disbursement
Contribution

Candidate Name
Michael N. Castle

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: DE District: 01

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914036

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Castor For Congress

Mailing Address 301 West Platt Street #385

City State Zip Code
Tampa FL 33606

Purpose of Disbursement
Contribution

Candidate Name
Katherine Castor

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3783099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 468 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chambliss For Senate

Mailing Address Post Office Box 12469

City Atlanta State GA Zip Code 30355

Purpose of Disbursement
Contribution

Candidate Name
Sen. Saxby Chambliss

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3789170

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Clarke For Congress

Mailing Address 111-36 200th Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Contribution

Candidate Name
Rep. Yvette Clarke

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3994054

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Contribution

Candidate Name
Thomas Cole

Office Sought: ☒ House
☐ Senate
☐ President

State: OK District: 04

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3930010

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 469 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Collins For Senator

Mailing Address PO Box 1096

City
BangorState
MEZip Code
04402Purpose of Disbursement
ContributionCandidate Name
Susan M. CollinsOffice Sought: ☐ House
☒ Senate
☐ President

State: ME District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 3789433

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Committee for the Preservation of Capitalism (CPC)

Mailing Address P.O. Box 22614

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3841561

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Congressional Black Caucus Political Action Committee
(Cbc-Pac)

Mailing Address 227 Massachusetts Avenue Northeast

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Void - Contribution Dated 6/27/2007

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3847617

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

-5000.00

Void - Contribution Dated
6/27/2007

SUBTOTAL of Disbursements This Page (optional)

-500.00

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 470 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Congressional Black Caucus Political Action Committee
(Cbc-Pac)

Mailing Address 227 Massachusetts Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3847618

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Conservative Opportunity Leadership and Enterprise Pac
(Cole Pac)

Mailing Address 12176 Chancery Station Circle

City Reston State VA Zip Code 20190

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989979

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989986

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 471 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Cooper For Congress Committee

Mailing Address C/O Davidson Golden and Lundy P.C.
PO Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
Contribution

Candidate Name
Jim Cooper

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 05

Transaction ID: 3929999

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 3039465

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
DAKPAC

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990182

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 472 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Webster PAC

Mailing Address P.O. Box 519

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

4000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
ContributionCandidate Name
Artur Davis

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: 3039589

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Artur Davis To Congress

Mailing Address Post Office Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
ContributionCandidate Name
Artur Davis

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 07

Transaction ID: 3793528

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	7

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 473 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Defending America's Future PAC

Mailing Address P.O. Box 763

City
Deer Park

State
NY

Zip Code
11729

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990198

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Demint For Senate Committee Inc

Mailing Address PO Box 12425

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement
Contribution

Candidate Name
James DeMint

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Transaction ID: 3929857

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Democratic State Central Committee of LA

Mailing Address P.O. Box 4385

City
Baton Rouge

State
LA

Zip Code
70821

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3267564

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 474 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Democrats For the Future

Mailing Address 20 Park Road
Suite E

City State Zip Code
Burlingame CA 94010

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990205

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Doggett For US Congress

Mailing Address 1157 San Bernard

City State Zip Code
Austin TX 78702

Purpose of Disbursement
Contribution

Candidate Name
Lloyd Doggett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3519604

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City State Zip Code
Raleigh NC 27602

Purpose of Disbursement
Contribution

Candidate Name
Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NC District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3890551

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 475 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dreier for Congress Committee

Mailing Address P.O. Box 505

City Upland State CA Zip Code 91785

Purpose of Disbursement
Contribution

Candidate Name
David Dreier

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 26

Transaction ID: 3914154

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ellison For Congress

Mailing Address PO Box 11818

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Contribution

Candidate Name
Keith Ellison

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: 3985784

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ellison For Congress

Mailing Address PO Box 11818

City Minneapolis State MN Zip Code 55411

Purpose of Disbursement
Contribution

Candidate Name
Keith Ellison

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 05

Transaction ID: 3994247

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 476 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) People For English Mailing Address PO Box 1940	Transaction ID: 3039562 Date of Disbursement <div> <div>07</div> <div>20</div> <div>2007</div> </div>
City Erie State PA Zip Code 16507 Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03	Amount of Each Disbursement this Period <div>1500.00</div> Contribution
B. Full Name (Last, First, Middle Initial) People For English Mailing Address PO Box 1940 City Erie State PA Zip Code 16507 Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03	Transaction ID: 3843174 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Enzi For US Senate Mailing Address PO Box 2775 City Cody State WY Zip Code 82414 Purpose of Disbursement Contribution Candidate Name Michael Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:	Transaction ID: 3890702 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 477 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee to Re-Elect Vito Fossella

Mailing Address 34 Dumont Ave

City Staten Island State NY Zip Code 10305

Purpose of Disbursement
ContributionCandidate Name
Vito J. Fossella011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 3225777

Date of Disbursement

M M / D D / Y Y Y Y
08 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Committee to Re-Elect Vito Fossella

Mailing Address 34 Dumont Ave

City Staten Island State NY Zip Code 10305

Purpose of Disbursement
ContributionCandidate Name
Vito J. Fossella011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 3225778

Date of Disbursement

M M / D D / Y Y Y Y
08 / 01 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 1155 21st Street Northwest
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3986106

Date of Disbursement

M M / D D / Y Y Y Y
12 / 13 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 478 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Freedom Project, The

Mailing Address 111 C Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3783098

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Freedom Project, The

Mailing Address 111 C Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3913997

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Contribution

Candidate Name

Scott Garrett

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914278

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 479 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name
James Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: 3841569

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Gillibrand For Congress

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
Contribution

Candidate Name
Kirsten Gillibrand

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 3987165

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Glacier PAC

Mailing Address 236 Massachusetts Avenue Northeast
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3987349

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

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 480 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 3890612

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
John Hall For Congress

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement
Contribution

Candidate Name
John Hall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 3986044

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

C. Full Name (Last, First, Middle Initial)
John Hall For Congress

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement
Contribution

Candidate Name
John Hall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 3986045

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 481 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Help Elect America's Team Pac (Heat Pac)

Mailing Address 499 S Capitol St. SW Ste. 412
Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990180

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Wally Herger for Congress Committee

Mailing Address P.O. Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
Contribution

Candidate Name
Wally Herger

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 3039462

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Hoosiers for Hill

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
Baron Hill

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 3789188

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 482 / 531

<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
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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hoosiers for Hill

Mailing Address PO Box 1071

City
Seymour

State
IN

Zip Code
47274

Purpose of Disbursement
Contribution

Candidate Name
Baron Hill

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 3994081

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Holding Onto Oregon's Priorities

Mailing Address P.O. Box 3314

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990188

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Hooley For Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement
Contribution

Candidate Name
Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 3890609

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 483 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hulshof For Congress

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement
ContributionCandidate Name
Kenny Hulshof011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 3789439

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Hulshof For Congress

Mailing Address Post Office Box 1621

City Columbia State MO Zip Code 65010

Purpose of Disbursement
ContributionCandidate Name
Kenny Hulshof011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 09

Transaction ID: 3985783

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Amount of Each Disbursement this Period

3000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Avenue
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3225911

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

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 484 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Steve Israel for Congress Committee

Mailing Address PO Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Steve Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: 3994085

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jobs, Opportunities & Education PAC (JOE-PAC)

Mailing Address 84-54 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3783078

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City State Zip Code
Plano TX 75074

Purpose of Disbursement
Contribution

Candidate Name
Sam Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 3929858

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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 485 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

Candidate Name
Tim Johnson

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: 3987355

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Tubbs Jones

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 3225775

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Tubbs Jones

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 3519608

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 486 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Stephanie Tubbs Jones For US Congress

Mailing Address 3729 Silsby Rd

City State Zip Code
University Heights OH 44118

Purpose of Disbursement
Contribution

Candidate Name
Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 11

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3519609

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City State Zip Code
Nanticoke PA 18634

Purpose of Disbursement
Contribution

Candidate Name
Paul E. Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3039610

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City State Zip Code
Nanticoke PA 18634

Purpose of Disbursement
Contribution

Candidate Name
Paul E. Kanjorski

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3519600

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 487 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement
Contribution

Candidate Name
Paul E. Kanjorski

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3994084

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kind for Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name
Ron Kind

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 03

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3039529

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Kind for Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contribution

Candidate Name
Ron Kind

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 03

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 3841577

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 488 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
Seaford NY 11783

Purpose of Disbursement
Contribution

Candidate Name
Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 3039609

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
Seaford NY 11783

Purpose of Disbursement
Contribution

Candidate Name
Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 03

Transaction ID: 3519613

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code
Boca Raton FL 33433

Purpose of Disbursement
Contribution

Candidate Name
Ronald Klein

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 3890764

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 489 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Know-How and Integrity for Our National Government Pac -
KING PAC

Mailing Address PO Box 40366

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Kuhl For Congress

Mailing Address 10 Ganesvoort Street

City
Bath

State
NY

Zip Code
14810

Purpose of Disbursement
Contribution

Candidate Name

John Kuhl

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 3890111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw
Suite 1434

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

Candidate Name

Mary Landrieu

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 3789435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 490 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement
Contribution

Candidate Name
Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 3986049

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

B.

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

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 3793551

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

C.

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

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 3841576

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 491 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lautenberg for Senate

Mailing Address One Newark Center

City
Newark

State
NJ

Zip Code
07102

Purpose of Disbursement
Contribution

Candidate Name
Frank R. Lautenberg

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District:

Transaction ID: 3890671

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Leadership 21

Mailing Address 6849 Old Dominion Drive
Suite 222

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990189

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Leadership in the New Century (LINC PAC)

Mailing Address 124 West Capitol Avenue
Suite 630

City
Little Rock

State
AR

Zip Code
72201

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3225842

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ►

9500.00

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 492 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Leadership of Today and Tomorrow

Mailing Address P.O. Box 26641R

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990181

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
LEGPAC

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990192

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Levin For Congress

Mailing Address 230 North Avenue

City Mount Clemens State MI Zip Code 48043

Purpose of Disbursement
Contribution

Candidate Name
Sander M. Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 12

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3793452

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

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 493 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address 2015 Wallace Road

City Atlanta State GA Zip Code 30331

Purpose of Disbursement
Contribution

Candidate Name
John Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 3783077

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address 2015 Wallace Road

City Atlanta State GA Zip Code 30331

Purpose of Disbursement
Contribution

Candidate Name
John Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 3890732

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

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

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 3267559

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 494 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Contribution

Candidate Name
Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3843163

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name
Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3793453

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name
Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3987348

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 495 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Madison PAC

Mailing Address 235 State Street
Suite: 206

City Springfield State MA Zip Code 01103

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914024

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Maine Republican Party

Mailing Address 76 Silver Street

City Waterville State ME Zip Code 04901

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3314009

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Making Business Excel Political Action Committee

Mailing Address P.O. Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3989985

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 496 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Maloney For Congress

Mailing Address 49 East 92nd Street

City State Zip Code
New York NY 10128

Purpose of Disbursement
Contribution

Candidate Name
Carolyn B. Maloney

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 14

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3890611

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address PO Box 521048
Suite A

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Contribution

Candidate Name
James Matheson

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3789437

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address PO Box 521048
Suite A

City State Zip Code
Salt Lake City UT 84152

Purpose of Disbursement
Contribution

Candidate Name
James Matheson

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3789443

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 497 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 3039402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 3783066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 3890767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 498 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Matsui For Congress	Transaction ID: 3994057 Date of Disbursement
Mailing Address PO Box 1738	<div> <div>12</div> <div>18</div> <div>2007</div> </div>
City Sacramento State CA Zip Code 95812	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Doris Matsui	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy	Transaction ID: 3929934 Date of Disbursement
Mailing Address 151 Linden Road	<div> <div>11</div> <div>29</div> <div>2007</div> </div>
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>3000.00</div>
Candidate Name Carolyn McCarthy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress	Transaction ID: 3841558 Date of Disbursement
Mailing Address 455 Capitol Mall Suite 801	<div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Kevin McCarthy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 499 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
McCrery for Congress Committee

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: 3783074

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Friends For Jim McDermott

Mailing Address PO Box 21783

City Seattle State WA Zip Code 98111

Purpose of Disbursement
Contribution

Candidate Name
Jim McDermott

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 07

Transaction ID: 3994083

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Friends for Gregory Meeks

Mailing Address 153-01 Jamaica Avenue Suite 535

City Jamaica State NY Zip Code 11432

Purpose of Disbursement
Contribution

Candidate Name
Gregory W. Meeks

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: 3793530

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 500 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends for Gregory Meeks	Transaction ID: 3789449 Date of Disbursement																				
Mailing Address 153-01 Jamaica Avenue Suite 535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	7												
City State Zip Code Jamaica NY 11432	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Gregory W. Meeks	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 3890703 Date of Disbursement																				
Mailing Address 213 Lisbon Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	0	7												
City State Zip Code Lewiston ME 04240	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael Michaud	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Moderate Democrats PAC	Transaction ID: 3039524 Date of Disbursement																				
Mailing Address 426 C Street, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	7												
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
Contribution																					

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 501 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.	<p>Full Name (Last, First, Middle Initial) Montana Democratic Party</p>	Transaction ID: 3841560
	<p>Mailing Address PO Box 802</p>	<p>Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div> </p>
	<p>City Helena State MT Zip Code 59624</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Contribution Candidate Name <div>011</div> Category/Type </p>	<div>5000.00</div>
	<p>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) ▼ </p>	Contribution
B.	<p>Full Name (Last, First, Middle Initial) Moore For Congress</p>	Transaction ID: 3039419
	<p>Mailing Address PO Box 14631</p>	<p>Date of Disbursement <div> <div>07</div> <div>20</div> <div>2007</div> </div> </p>
	<p>City Shawnee Mission State KS Zip Code 66285</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Contribution Candidate Name Dennis Moore <div>011</div> Category/Type </p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>	Contribution
C.	<p>Full Name (Last, First, Middle Initial) Moore For Congress</p>	Transaction ID: 3994080
	<p>Mailing Address PO Box 14631</p>	<p>Date of Disbursement <div> <div>12</div> <div>18</div> <div>2007</div> </div> </p>
	<p>City Shawnee Mission State KS Zip Code 66285</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Contribution Candidate Name Dennis Moore <div>011</div> Category/Type </p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>	Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 502 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
More Conservatives Political Action Committee

Mailing Address 675 North Washington St., #410

City Alexandra State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990177

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
More Conservatives Political Action Committee

Mailing Address 675 North Washington St., #410

City Alexandra State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3994053

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
Contribution

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3039548

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 503 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 3783065

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: 3914293

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Nebraska Leadership PAC

Mailing Address P.O. Box 3325

City
Omaha

State
NE

Zip Code
68103

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3039530

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 504 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka NDC PAC Mailing Address 607 14th Street NW Suite 800	Transaction ID: 3041032 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 7</div> </div>
City Washington State DC Zip Code 20005 Purpose of Disbursement Void 6/27/07 Issue Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>-5000.00</div> Void 6/27/07 Issue
B. Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka NDC PAC Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 3041033 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) New Millenium PAC Mailing Address PO Box 632 City Union City State NJ Zip Code 07087 Purpose of Disbursement Contribution Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 3041030 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 505 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

New PAC

Mailing Address P.O. Box 7480

City
Visalia

State
CA

Zip Code
93290

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989991

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

New Republican Majority Fund

Mailing Address 201 North Union Street
Suite 530

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3519612

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

North Dakota Democratic-Nonpartisan League Party

Mailing Address 1902 East Divide Avenue

City
Bismarck

State
ND

Zip Code
58501

Purpose of Disbursement
Re-issue of misdeposited contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 4103726

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 7

Amount of Each Disbursement this Period

4000.00

[MEMO ITEM]

Re-issue of misdeposited
contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

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 506 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Devin Nunes Campaign Committee

Mailing Address PO Box 891

City Pixley State CA Zip Code 93256

Purpose of Disbursement
Contribution

Candidate Name
Devin Nunes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 3914266

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

ORRINPAC

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3989983

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Our Common Values PAC

Mailing Address 101 West Grand Avenue
Suite 200

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990183

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 507 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Our Congress Political Action Committee

Mailing Address P.O. Box 344

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990200

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

PAC To The Future

Mailing Address Pmb 3230
268 Bush Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990213

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

People for Enterprise Trade & Economic Growth

Mailing Address 7804 Evening Lane

City
Alexandria

State
VA

Zip Code
22306

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990209

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 508 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Political Hall of Fame PAC

Mailing Address PO Box 75167

City
Fort Thomas

State
KY

Zip Code
41075

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3913993

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Porter for Congress

Mailing Address 1111 Marycrest Road Ste G

City
Henderson

State
NV

Zip Code
89014

Purpose of Disbursement
Contribution

Candidate Name
Jon Porter

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 03

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3789169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Porter for Congress

Mailing Address 1111 Marycrest Road Ste G

City
Henderson

State
NV

Zip Code
89014

Purpose of Disbursement
Contribution

Candidate Name
Jon Porter

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 03

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3987347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

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)

PAGE 509 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Preserving America's Traditions (Patpac)

Mailing Address 228 South Washington Street
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3989984

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Prosperity Helps Inspire Liberty Political Action Committee (Philpac)

Mailing Address PO Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3987346

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Putnam For Congress

Mailing Address Post Office Box 2257

City Bartow State FL Zip Code 33831

Purpose of Disbursement
Contribution

Candidate Name
Adam Putnam

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 12

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3519623

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

12500.00

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 510 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Putnam For Congress	Transaction ID: 3989583 Date of Disbursement																				
Mailing Address Post Office Box 2257	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	7												
City State Zip Code Bartow FL 33831	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Adam Putnam	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
B. Full Name (Last, First, Middle Initial) Rangel For Congress	Transaction ID: 3987351 Date of Disbursement																				
Mailing Address PO Box 5577 Manhattanville Station	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	7												
City State Zip Code New York NY 10027	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Charles B. Rangel	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
C. Full Name (Last, First, Middle Initial) Red PAC	Transaction ID: 3783073 Date of Disbursement																				
Mailing Address Post Office Box 51	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	7		2	0	0	7												
City State Zip Code Homeland FL 33847	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
Contribution																					

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)

PAGE 511 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Red PAC

Mailing Address Post Office Box 51

City
Homeland

State
FL

Zip Code
33847

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990178

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Reed Committee

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
Contribution

Candidate Name
Jack Reed

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: 3789186

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address PO Box 19163

City
Las Vegas

State
NV

Zip Code
89132

Purpose of Disbursement
Contribution

Candidate Name
Harry Reid

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: 3846974

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 7

Amount of Each Disbursement this Period

2000.00

Contribution

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)

PAGE 512 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Republican Majority Fund

Mailing Address PO Box 144
Suite 300

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3841568

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Republican Majority Fund

Mailing Address PO Box 144
Suite 300

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3890804

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3039468

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 513 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3789182

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Reynolds for Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3929978

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Rhode Island Hope PAC

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3990196

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4750.00

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 514 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller	Transaction ID: 3039566 Date of Disbursement																				
Mailing Address PO Box 1909	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	7												
City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John D. Rockefeller, IV	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
B. Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller	Transaction ID: 3039575 Date of Disbursement																				
Mailing Address PO Box 1909	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	0	7												
City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John D. Rockefeller, IV	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	Contribution																				
C. Full Name (Last, First, Middle Initial) Rocky Mountain PAC	Transaction ID: 3990186 Date of Disbursement																				
Mailing Address 607 14th Street NW Suite 800	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	7												
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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) ▼																				
	Contribution																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>8000.00</td> </tr> </table>	8000.00																			
8000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

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 515 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mike Ross for Congress Committee

Mailing Address P.O. Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Contribution

Candidate Name
Michael Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 3793454

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mike Ross for Congress Committee

Mailing Address P.O. Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement
Contribution

Candidate Name
Michael Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 3994082

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Jamesville WI 53547

Purpose of Disbursement
Contribution

Candidate Name
Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 3519611

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 516 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Salazar For Senate

Mailing Address PO Box 600

City State Zip Code
Denver CO 80201

Purpose of Disbursement
Contribution

Candidate Name
Ken Salazar

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 3914879

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sandhills Political Action Committee

Mailing Address 1310 G Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3913998

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name
Allyson Schwartz

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 3914070

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

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 517 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address PO Box 960821

City
Riverdale

State
GA

Zip Code
30296

Purpose of Disbursement
Contribution

Candidate Name
David Scott

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 3519606

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address PO Box 960821

City
Riverdale

State
GA

Zip Code
30296

Purpose of Disbursement
Contribution

Candidate Name
David Scott

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 3994248

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Pete Sessions for Congress 2008

Mailing Address P.O. Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Contribution

Candidate Name
Pete Sessions

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 3914284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 518 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christopher Shays for Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 3789441

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Sherman For Congress Committee

Mailing Address 555 South Flower Street Suite 4510

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Contribution

Candidate Name
Brad Sherman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 27

Transaction ID: 3843172

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Contribution

Candidate Name
Adrian Smith

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Transaction ID: 3890580

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 519 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Arlen Specter

Mailing Address 426 C Street Ne
Carriage House

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Arlen Specter

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 3894308

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
John Sununu

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District:

Transaction ID: 3783069

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Synergy PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3225841

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 520 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement
Contribution

Candidate Name
John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3519602

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement
Contribution

Candidate Name
John S. Tanner

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3890112

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
Suite E

City State Zip Code
Burlingame CA 94010

Purpose of Disbursement
Contribution

Candidate Name
Ellen O. Tauscher

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 3039608

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 521 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Contribution

Candidate Name
Ellen O. Tauscher

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: 3913994

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Tenn Political Action Committee Inc (Tenn Pac)

Mailing Address 228 South Washington
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3990208

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name
Michael Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 3789447

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 522 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 3789431 Date of Disbursement
Mailing Address 224 North Phillips Avenue Ste 210	<div> <div>10</div> <div>16</div> <div>2007</div> </div>
City State Zip Code Sioux Falls SD 57104	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name John Thune	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 3519622 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>09</div> <div>18</div> <div>2007</div> </div>
City State Zip Code Columbus OH 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Patrick Tiberi	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 3914014 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>11</div> <div>16</div> <div>2007</div> </div>
City State Zip Code Columbus OH 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Patrick Tiberi	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

2500.00

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 523 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 3994086 Date of Disbursement
Mailing Address 2021 E Dublin Granville Road Suite 2000	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 7</div> </div>
City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Patrick Tiberi	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns	Transaction ID: 3789185 Date of Disbursement
Mailing Address 438 Lewis Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div>
City Brooklyn State NY Zip Code 11233	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>3000.00</div>
Candidate Name Edolphus Towns	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
C. Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 3789446 Date of Disbursement
Mailing Address P.O. Box 490	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div>
City St. Joseph State MI Zip Code 49085	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>3000.00</div>
Candidate Name Fred Upton	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 524 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contribution

Candidate Name
Chris Van Hollen

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: 3225855

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contribution

Candidate Name
Chris Van Hollen

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: 3783067

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congress

Mailing Address 315 Inspiration Lane

City
Gaithersburg

State
MD

Zip Code
20878

Purpose of Disbursement
Contribution

Candidate Name
Nydia M. Velazquez

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 3228024

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

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 525 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Victory Now PAC

Mailing Address 10605 Concord St
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3990187

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Voinovich For Senate Committee

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name
George V. Voinovich

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3444269

Date of Disbursement

08 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
Contribution

Candidate Name
James T. Walsh

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3914150

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 526 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Mark Warner

Mailing Address 201 North Union Suite 350

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Mark Warner

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Transaction ID: 3985754

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

2300.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Washington State Democratic Central Committee

Mailing Address PO Box 4027

City Seattle State WA Zip Code 98194

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3802081

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement
Contribution

Candidate Name
Anthony D. Weiner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 09

Transaction ID: 3890115

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5300.00

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 527 / 531

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A. Full Name (Last, First, Middle Initial) Whitehouse For Senate Mailing Address PO Box 40280	Transaction ID: 3984543 Date of Disbursement <div> <div>12</div> <div>13</div> <div>2007</div> </div>
City Providence State RI Zip Code 02940 Purpose of Disbursement Contribution Candidate Name Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Amount of Each Disbursement this Period <div>1000.00</div> Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Roger Wicker Mailing Address P.O. Box 874 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Contribution Candidate Name Roger F. Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	Transaction ID: 3914003 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Contribution
C. Full Name (Last, First, Middle Initial) Wyden For Senate Mailing Address 232 Ne 9th Avenue City Portland State OR Zip Code 97232 Purpose of Disbursement Contribution Candidate Name Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: 3914291 Date of Disbursement <div> <div>11</div> <div>16</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

487550.00

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 528 / 531

<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

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Clarke

Mailing Address 4105 Charles Avenue

City
Culver City

State
CA

Zip Code
90232-4008

Purpose of Disbursement
Void - Contribution Refund 03/14/07

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3847471

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

-70.00

Void - Contribution Refund
03/14/07

B.

Full Name (Last, First, Middle Initial)

Ms. Deanna M. Mulligan

Mailing Address 126 Dingle Ridge Road

City
North Salem

State
NY

Zip Code
10560-1402

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3568077

Date of Disbursement

08 / 17 / 2007

Amount of Each Disbursement this Period

76.93

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

6.93

TOTAL This Period (last page this line number only)

6.93

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 529 / 531

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DeLuca for Legislator Committee

Mailing Address 1438 Homestead Road

City
Verona

State
PA

Zip Code
15147

Purpose of Disbursement

Anthony DeLuca, STATE HOUSE 32nd PA

Candidate Name

Anthony DeLuca

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 32

Transaction ID: 3789672

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

500.00

Anthony DeLuca, STATE HOUSE 32nd PA

B.

Full Name (Last, First, Middle Initial)

Institutional Capital LLC

Mailing Address 225 West Wacker Drive
Suite 2400

City
Chicago

State
IL

Zip Code
60606

Purpose of Disbursement

Refund of deposit error

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 3572441

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Refund of deposit error

C.

Full Name (Last, First, Middle Initial)

Friends of Dominic Pileggi

Mailing Address 101 West Baltimore Avenue, 2nd Flo

City
Media

State
PA

Zip Code
19063

Purpose of Disbursement

Dominic Pileggi, STATE SENATE 9th PA

Candidate Name

Dominic Pileggi

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District:

Transaction ID: 3816290

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Dominic Pileggi, STATE SENATE 9th PA

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 530 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Joe Scarnati

Mailing Address P.O. Box 177

City
Brockway

State
PA

Zip Code
15824

Purpose of Disbursement

Joseph Scarnati, STATE SENATE 25th PA

Candidate Name

Joseph Scarnati, III

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: PA

District:

Transaction ID: 3816297

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

500.00

Joseph Scarnati, STATE SE-
NATE 25th PA

B.

Full Name (Last, First, Middle Initial)

Keystone Leader's PAC

Mailing Address P.O. Box 506

City
Harrisburg

State
PA

Zip Code
17108

Purpose of Disbursement

Samuel Smith, STATE HOUSE 66th PA

Candidate Name

Samuel Smith

011
Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

State: PA

District: 66

Transaction ID: 3987354

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Samuel Smith, STATE HOUSE
66th PA

C.

Full Name (Last, First, Middle Initial)

United Ways Of The Greater Tri-State Area

Mailing Address 120 Wall Street
4th Floor

City
New York

State
NY

Zip Code
10005

Purpose of Disbursement

Non-Federal Contribution

Candidate Name

012
Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 3847472

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

70.00

Non-Federal Contribution

SUBTOTAL of Disbursements This Page (optional)

1570.00

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 531 / 531

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Senator Don White

Mailing Address P. O. Box 363

City
Indiana

State
PA

Zip Code
15701

Purpose of Disbursement
Donald White, STATE SENATE PA

Candidate Name
Donald White

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: 3225776

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Donald White, STATE SENATE
PA

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

9070.00